STATE OF NEW YORK

11327

IN ASSEMBLY

May 11, 2026

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Blumencranz) -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the "MOM safety act - maternal outcomes modernization act" to improve maternal health outcomes during the postpartum period through enhanced screening, coordinated care, and standardized protocols

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

Section 1. Short title. This act shall be known and may be cited as the "MOM safety act - maternal outcomes modernization act".

§ 2. Legislative intent. The legislature hereby finds and declares that:

1. Maternal mortality and severe maternal morbidity remain urgent public health crises in New York state and across the nation; and

2. A majority of maternal deaths occur during the postpartum period, often within the first year following delivery; and

3. Cardiovascular disease, mental health conditions, including suicide, and substance use disorders are among the leading causes of maternal death; and

4. Postpartum care in its current form is fragmented and insufficient, often limited to a single follow-up visit, failing to identify and address preventable complications; and

5. There exists a critical need to modernize maternal care delivery by establishing a structured "fourth trimester" model that ensures continuity of care, standardized screening, and timely intervention; and

6. It is therefore the intent of the legislature to improve maternal outcomes, reduce preventable deaths, and establish New York state as a national leader in maternal health innovation by implementing comprehensive postpartum care protocols, expanding access to mental health and substance use treatment, and strengthening care coordination.

§ 3. The public health law is amended by adding a new section 2500-n to read as follows:

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

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§ 2500-n. Structured postpartum care requirements. 1. For the purposes of this section, the following terms shall have the following meanings:

(a) "Postpartum period" shall mean the period beginning immediately after delivery and continuing through twelve months following childbirth.

(b) "Qualified maternal health provider" shall include obstetricians, gynecologists, midwives, primary care providers, cardiologists, mental health professionals, and any other licensed provider designated by the department.

(c) "Perinatal mental health screening" shall mean the use of validated screening tools to assess depression, anxiety, suicide risk, and related conditions during pregnancy and the postpartum period.

2. All hospitals, birthing centers, and licensed maternal health providers to establish and implement a structured postpartum care plan for each patient prior to discharge.

(a) Such plan shall include scheduled follow-up care at clinically appropriate intervals, including but not limited to:

(i) Within three weeks postpartum;

(ii) At approximately six to eight weeks postpartum;

(iii) At three months postpartum;

(iv) At six months postpartum; and

(v) At twelve months postpartum.

(b) Providers shall ensure care coordination and documentation of compliance with such follow-up schedule.

3.(a) For the purposes of cardiovascular screening and maternal safety protocols, the department shall develop and promulgate standardized cardio-obstetrics protocols applicable to:

(i) Obstetric providers;

(ii) Emergency departments;

(iii) Urgent care facilities; and

(iv) Primary care providers.

(b) Such protocols shall include, but not be limited to:

(i) Screening for cardiovascular risk factors and warning signs;

(ii) Guidance and/or training on atypical presentations of cardiovascular disease in postpartum individuals; and

(iii) Referral pathways to specialty care.

4. All hospitals shall implement procedures to identify patients who are pregnant or within the postpartum period and ensure appropriate triage and evaluation.

5. (a) For the purposes of perinatal mental health screening and services, all qualified maternal health providers shall conduct universal perinatal mental health screenings:

(i) During pregnancy; and

(ii) At multiple intervals during the postpartum period.

(b) The department shall establish standards for screening tools and frequency.

(c) The department, in coordination with the office of mental health, shall develop programs to support:

(i) Integration of mental health services within obstetric care settings;

(ii) Telehealth access to maternal mental health services; and

(iii) Care coordination and referral systems.

6. (a) For the purposes of substance use disorder treatment access, the department, in coordination with the office of addiction services

and supports, shall establish standards to improve access to treatment for pregnant and postpartum individuals, including, but not limited to:

(i) Medication-assisted treatment;

(ii) Peer support services; and

(iii) Family-centered and childcare-sensitive treatment models.

(b) Providers shall ensure referral pathways for individuals identified as needing substance use treatment.

7. For the purposes of postpartum care navigation, the department shall establish or certify a postpartum care navigation program to assist individuals in accessing services required pursuant to this section. Such postpartum care navigation program shall:

(a) Assist with scheduling follow-up appointments;

(b) Provide education on warning signs;

(c) Coordinate referrals to specialty care; and

(d) Support continuity of insurance coverage.

8. (a) For the purposes of data collection and reporting, the department shall collect and publish annual data regarding:

(i) Postpartum follow-up care compliance;

(ii) Cardiovascular screening rates;

(iii) Mental health screening rates;

(iv) Maternal morbidity and mortality outcomes; and

(v) Referrals and treatment utilization.

(b) Such data shall be disaggregated by relevant demographic factors to identify disparities and inform policy improvements.

9. The commissioner is authorized to promulgate any rules and regulations necessary to implement the provisions of this section.

§ 4. Severability. If any provision of this act, or any application of any provision of this act, is held to be invalid, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act, which can be given effect without that provision or application; and to that end, the provisions and applications of this act are severable.

§ 5. This act shall take effect immediately.