STATE OF NEW YORK

1541

2025-2026 Regular Sessions

IN ASSEMBLY

January 10, 2025

Introduced by M. of A. PAULIN, BURDICK, GONZALEZ-ROJAS, SIMON, WOERNER, FORREST, SAYEGH, KELLES, JACOBSON, EPSTEIN, LEVENBERG, CLARK, REYES, BICHOTTE HERMELYN, ZINERMAN, ZACCARO, ROZIC, LEE -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring the advisory council on maternal mortality and morbidity to undertake a review of the cesarean births at hospitals in the state

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

Section 1. Paragraph (a) of subdivision 1 of section 2509 of the public health law, as amended by chapter 142 of the laws of 2019, is amended to read as follows:

(a) There is hereby established in the department the maternal mortality review board for the purpose of reviewing maternal deaths and maternal morbidity and developing and disseminating findings, recommendations, and best practices to contribute to the prevention of maternal mortality and morbidity. The board shall assess the cause of death, *including whether there was a vaginal or cesarean birth,* factors leading to death and preventability for each maternal death reviewed and, in the discretion of the board, cases of severe maternal morbidity, and shall develop and disseminate strategies for reducing the risk of maternal mortality and morbidity, including risk resulting from racial, economic, or other disparities. The commissioner may delegate the authority to conduct maternal mortality reviews.

§ 2. Paragraph (a) of subdivision 5 of section 2509 of the public health law, as amended by chapter 142 of the laws of 2019, is amended to read as follows:

(a) shall make and report findings and recommendations to the commissioner, and in the case of the city board to the commissioner and the city commissioner regarding the cause of death, factors leading to death, and preventability of each maternal death case, *including whether*

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

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there was a vaginal or cesarean birth, and each case of severe maternal morbidity reviewed by the board, by reviewing relevant information for each case in the state or the city of New York, as the case may be, and consulting with experts as needed to evaluate the information for each death; and shall provide such findings and recommendations, including best practices and strategies for reducing the risk of maternal mortality and morbidity, to the advisory council; provided that material provided to the advisory council shall not include any information that would be confidential under this section;

§ 3. Paragraphs (b) and (d) of subdivision 8 of section 2509 of the public health law, as amended by chapter 142 of the laws of 2019, are amended to read as follows:

(b) The advisory council:

(i) may review the findings of the boards;

(ii) may develop recommendations on policies, best practices, and strategies to prevent maternal mortality and morbidity;

(iii) may hold public hearings on those matters;

(iv) may make findings and issue reports, including an annual report, on such matters; [~~and~~]

(v) may request and shall receive the assistance of the commissioner, the city commissioner, and the boards in carrying out its functions[~~.~~]; and

(vi) shall undertake a review of cesarean births at hospitals in the state. The council shall issue a final report and make recommendations to reduce the rate of cesarean births in the state. The council shall consider factors including, but not limited to: the primary and repeat cesarean birth rates among hospitals in the state; the hospitals in the state that allow or encourage vaginal births after cesarean births; the rate of vaginal births after cesarean births among hospitals in the state; the rate of vaginal births after cesarean births that were offered by hospitals in the state but declined by the birthing person; the rate of vaginal births after cesarean births that were attempted but failed among hospitals in the state; the time of day unplanned cesarean births occur in hospitals, and whether such correlates with the rate of cesarean births in a hospital; the number of birthing people who elect to have midwives attend labor and delivery in hospitals in the state; the frequency of midwifery care during labor in hospitals across the state and what impact, if any, this has on the rate of cesarean births; and the number of birthing people who were informed by their health care provider about the potential risks, benefits, and alternatives related to cesarean births before labor.

(d) The members of the council shall be comprised of multidisciplinary experts including two licensed midwives and lay persons knowledgeable in the field of maternal mortality, women's health and public health and shall include members who serve and are representative of the racial, ethnic, and socioeconomic diversity of the women and mothers of the state, and to the extent possible, the medically underserved areas of the state or areas of the state with disproportionately high occurrences of maternal mortality or morbidity.

§ 4. This act shall take effect immediately.