STATE OF NEW YORK

4018

2025-2026 Regular Sessions

IN ASSEMBLY

January 30, 2025

Introduced by M. of A. FORREST, LEVENBERG, LUNSFORD, MAMDANI, GIBBS, SHRESTHA, GONZALEZ-ROJAS, BICHOTTE HERMELYN, GALLAGHER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring hospitals and other facilities that provide perinatal care to implement an evidence-based implicit bias program, to providing birthing parents with written information regarding certain patient rights, and to including information related to pregnancy on death certificates

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

Section 1. Article 25 of the public health law is amended by adding a new title 9 to read as follows:

TITLE IX

NEW YORK DIGNITY IN PREGNANCY AND CHILDBIRTH ACT

Section 2599-e. Short title.
2599-f. Legislative findings.
2599-g. Definitions.
2599-h. Implicit bias program.
2599-i. Data collection.

§ 2599-e. Short title. This title shall be known and may be cited as the "New York dignity in pregnancy and childbirth act".

§ 2599-f. Legislative findings. 1. Every person should be entitled to dignity and respect during and after pregnancy and childbirth. Patients should receive the best care possible regardless of their race, gender, age, class, sexual orientation, gender identity, disability, language proficiency, nationality, immigration status, gender expression, or religion.

2. While maternal health continues to make great strides globally, the United States is one of the only nations in the world that has seen an increase in maternal mortality over the past several decades. Today, the United States has the highest maternal mortality rate in the devel-

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

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oped world. According to the Centers for Disease Control and Prevention, more than one thousand two hundred birthing parents die of maternal cases each year, and another fifty thousand suffer from severe complications. Nationally it is estimated that sixty percent (i.e., the majority) of pregnancy-related deaths are preventable.

3. For individuals of color, particularly Black individuals, the maternal mortality rate remains three to four times higher than Caucasian individuals. In New York, the mortality rate for Black individuals per one hundred thousand births is 51.6, whereas for Caucasian individuals it is 15.9. New York has a responsibility to decrease the number of preventable pregnancy- and childbirth-related deaths.

4. Access to prenatal care, socioeconomic status, and general physical health do not fully explain the racial disparity seen in maternal mortality and morbidity rates. There is a growing body of evidence that Black birthing parents are often treated unfairly and unequally in the health care system.

5. Implicit bias is a driver of health disparities in communities of color. At present, health care providers in New York are not required to undergo any implicit bias testing or training. Nor does there exist any system to track the number of incidents where implicit prejudice and implicit stereotypes have led to negative birth and maternal health outcomes.

6. It is the intent of the legislature to reduce the effects of implicit bias in pregnancy, childbirth, and postnatal care so that all people are treated with dignity and respect by their health care providers.

§ 2599-g. Definitions. For the purposes of this title, the following terms shall have the following meanings:

1. "Pregnancy-related death" means the death of a person while pregnant or within three hundred sixty-five days of the end of a pregnancy, irrespective of the duration or site of the pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes.

2. "Implicit bias" means a bias in judgment or behavior that results from subtle cognitive processes, including implicit prejudice and implicit stereotypes that often operate at a level below conscious awareness and without intentional control.

3. "Implicit prejudice" means prejudicial negative feelings or beliefs about a group that a person holds without being aware of them.

4. "Implicit stereotypes" mean the unconscious attributions of particular qualities to a member of a certain social group. Implicit stereotypes are influenced by experience and are based on learned associations between various qualities and social categories, including race or gender.

5. "Perinatal care" means the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.

§ 2599-h. Implicit bias program. 1. A hospital or other facility that provides perinatal care shall implement an evidence-based implicit bias program for all health care providers involved in the perinatal care of patients within those facilities.

2. An implicit bias program implemented pursuant to subdivision one of this section shall include all of the following:

(a) identification of previous or current unconscious biases and misinformation;

(b) identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion;

(c) corrective measures to decrease implicit bias at interpersonal and institutional levels, including ongoing policies and practices for that purpose;

(d) information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities;

(e) information about cultural identity across racial or ethnic groups;

(f) information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities;

(g) discussion on power dynamics and organizational decision making;

(h) discussion on health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes;

(i) perspectives of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community; and

(j) information on reproductive justice.

3. A health care provider involved in the perinatal care of patients in a hospital or other facility that provides perinatal care shall complete initial training through the implicit bias program as implemented pursuant to subdivision two of this section. Upon completion of the initial training, a health care provider shall complete additional training through the implicit bias program every two years thereafter, or on a more frequent basis if deemed necessary by the hospital or facility, in order to keep current with changing racial, identity, and cultural trends and best practices in decreasing interpersonal and institutional implicit bias.

4. A hospital or other facility that provides perinatal care shall provide a certificate of training completion by a health care provider involved in the perinatal care of patients to another facility or the provider who attended the training upon request. A hospital or facility may accept a certificate of training completion from another hospital or other facility that provides perinatal care to satisfy the training required of health care providers involved in the perinatal care of patients pursuant to subdivision three of this section from a health care provider who works in more than one facility.

5. Notwithstanding subdivisions one, two, three and four of this section, if a health care provider involved in the perinatal care of patients is not directly employed by a hospital or facility that provides perinatal care, the hospital or facility where the health care provider provides such care shall offer implicit bias training pursuant to this section to such health care provider.

6. The commissioner shall monitor implementation of this section by facilities that provide perinatal care and may inspect records from implicit bias training programs or require such hospitals or facilities to report to the commissioner on the implicit bias training program, including continuing education curricula used and courses offered pursuant to this section. Initial training provided pursuant to this section shall be made available to health care providers involved in the perinatal care within one year of the effective date of this title.

§ 2599-i. Data collection. 1. The department shall track data on severe maternal morbidity, including, but not limited to, all of the following health conditions:

(a) obstetric hemorrhage;

(b) hypertension;

(c) preeclampsia and eclampsia;
(d) venous thromboembolism;
(e) sepsis;
(f) cerebrovascular accident; and
(g) amniotic fluid embolism.

2. The data on severe maternal morbidity collected pursuant to subdivision one of this section shall be published at least once every two years after both of the following have occurred:

(a) the data has been aggregated by state regions, as defined by the department, to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes, or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(b) the data has been disaggregated by racial and ethnic identity.

3. The department shall track data on pregnancy-related deaths, including, but not limited to, all of the conditions listed in subdivision one of this section, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium.

4. The data on pregnancy-related deaths collected pursuant to subdivisions one and three of this section shall be published at least once every three years after both of the following have occurred:

(a) the data has been aggregated by state regions, as defined by the department, to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes, or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(b) the data has been disaggregated by racial and ethnic identity.

§ 2. Section 2803-n of the public health law is amended by adding two new subdivisions 5 and 6 to read as follows:

5. Each hospital shall provide each expectant birthing parent, upon admission or as soon thereafter as reasonably practicable, written information regarding the patient's right to the following:

(a) to be informed of continuing health care requirements following discharge from the hospital;

(b) to authorize that a friend or family member may be provided information about the patient's continuing health care requirements following discharge from the hospital;

(c) to participate actively in decisions regarding medical care. To the extent permitted by law, participation shall include the right to refuse treatment;

(d) appropriate pain assessment and treatment;

(e) to be free from discrimination on the basis of race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, citizenship, primary language, or immigration status; and

(f) to file a complaint with the department of health and the medical board of New York and information on how to file the complaint.

6. Each hospital shall provide each expectant birthing parent, upon admission or as soon thereafter as reasonably practicable, written information regarding the hospital's policies and procedures for contacting next of kin regarding pregnancy-related deaths, and how to

seek legal counsel in the event of any pregnancy-related deaths or injuries.

§ 3. Subdivision 4 of section 4141 of the public health law is amended by adding a new paragraph (e) to read as follows:

(e) The medical certificate shall include information indicating whether the decedent was pregnant at the time of death, or within a year prior to the death, if known, as determined by observation, autopsy, or review of the medical record. This paragraph shall not be interpreted to require the performance of a pregnancy test on a decedent, or to require a review of medical records in order to determine pregnancy.

§ 4. This act shall take effect immediately.