STATE OF NEW YORK

4018--A

2025-2026 Regular Sessions

IN ASSEMBLY

January 30, 2025

Introduced by M. of A. FORREST, LEVENBERG, LUNSFORD, GIBBS, SHRESTHA, GONZALEZ-ROJAS, BICHOTTE HERMELYN, GALLAGHER, MEEKS, SIMONE, RAGA, TAPIA, CRUZ, OTIS -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 and requiring the department of health to publish reports on maternal morbidity and pregnancy related deaths

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

Section 1. This act shall be known and may be cited as the "New York Dignity in Pregnancy and Childbirth Act".

§ 2. The public health law is amended by adding a new section 2803-nn to read as follows:

§ 2803-nn. Implicit bias training in regard to perinatal care. 1. For the purpose of this section, the following definitions shall apply:

(a) "implicit bias" shall mean 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.

(b) "perinatal care" shall mean the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods.

2. Every hospital shall require clinical staff that provides perinatal care to certify, on an annual basis, completion of an evidence-based implicit bias training curriculum approved by the department, including training on the following:

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

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

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(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. Section 2509 of the public health law is amended by adding four new subdivisions 9, 10, 11, and 12 to read as follows:

9. 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.

10. The data on severe maternal morbidity collected pursuant to subdivision nine 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.

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

12. The data on pregnancy-related deaths collected pursuant to subdivisions nine and eleven 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.

§ 4. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.