

# STATE OF NEW YORK

5534--A

2025-2026 Regular Sessions

## IN ASSEMBLY

February 14, 2025

Introduced by M. of A. JACKSON, GONZALEZ-ROJAS, TAPIA, ZINERMAN, SHRES-  
THA -- read once and referred to the Committee on Health -- committee  
discharged, bill amended, ordered reprinted as amended and recommitted  
to said committee

AN ACT to amend the public health law and the administrative code of the  
city of New York, in relation to establishing fetal and infant mortal-  
ity review boards

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

1 Section 1. The public health law is amended by adding a new section  
2 2509-b to read as follows:

3 § 2509-b. Fetal and infant mortality review board. 1. For the purposes  
4 of this section, unless the context requires otherwise:

5 (a) "Board" means a fetal and infant mortality review board estab-  
6 lished by this section, referred to in this section as the "state  
7 board", or a board operating under this section established by the city  
8 of New York, with or without an agreement with the commissioner,  
9 referred to in this section as the "city board".

10 (b) "Fetal and infant death" means pregnancy loss that ends in still-  
11 birth or infant deaths within one year of birth.

12 (c) "Severe fetal and infant morbidity" or "morbidity" means unantic-  
13 ipated outcomes of pregnancy, labor, or delivery that result in signif-  
14 icant short- or long-term consequences to a child's health.

15 (d) "City commissioner" means the commissioner of the New York city  
16 department of health and mental hygiene.

17 2. (a) There is hereby established in the department the fetal and  
18 infant mortality review board for the purpose of reviewing fetal and  
19 infant deaths and fetal and infant morbidity and developing and dissem-  
20 inating findings, recommendations, and best practices to contribute to  
21 the prevention of fetal and infant mortality and morbidity. The board  
22 shall assess the cause of death, factors leading to death and preventa-  
23 bility for each fetal and infant death reviewed and, in the discretion  
24 of the board, cases of severe fetal and infant morbidity, and shall  
25 develop and disseminate strategies for reducing the risk of fetal and

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

LBD05162-02-5

1 infant mortality and morbidity, including risk resulting from racial,  
2 economic, or other disparities. The commissioner may delegate the  
3 authority to conduct fetal and infant mortality reviews.

4 (b) The commissioner may enter into an agreement with the city of New  
5 York providing:

6 (i) that the functions of the state board relating to fetal and infant  
7 deaths and severe fetal and infant morbidity occurring within the city  
8 of New York shall be conducted by the city board;

9 (ii) the city board shall provide to the state board the results of  
10 its reviews, relevant information in the possession of the city board,  
11 and the recommendations of the city board; and

12 (iii) the department and the state board shall provide information and  
13 assistance to the city board for the performance of its functions.

14 (c) Nothing in this section shall prevent the city of New York from  
15 establishing, without an agreement with the commissioner, a board relat-  
16 ing to fetal and infant deaths and severe fetal and infant morbidity  
17 occurring within the city of New York.

18 3. (a) The members of the state board shall be comprised of multidis-  
19 ciplinary experts in the field of fetal and infant mortality, fetal,  
20 neonatal and infant health and public health, maternal health, obstet-  
21 rics and gynecology, and shall include health care professionals or  
22 other experts who serve and are representative of the racial, ethnic,  
23 and socioeconomic diversity of the state and, to the extent possible,  
24 the medically underserved areas of the state or areas of the state with  
25 disproportionately high occurrences of fetal and infant mortality or  
26 morbidity.

27 (b) The state board shall be composed of nine members, appointed as  
28 follows: three members shall be appointed by the governor; two  
29 members shall be appointed by the speaker of the assembly; two members  
30 shall be appointed by the temporary president of the senate; one member  
31 shall be appointed by the minority leader of the senate; and one  
32 member shall be appointed by the minority leader of the assembly.

33 (c) The terms of the state board members shall be three years. The  
34 commissioner may choose to reappoint state board members to additional  
35 three-year terms.

36 (d) A majority of the appointed membership of the state board, but no  
37 less than five, shall constitute a quorum.

38 (e) When any member of the state board fails to attend three consec-  
39 utive regular meetings, unless good cause is shown for such absence,  
40 that membership may be deemed vacant for purposes of the appointment of  
41 a successor.

42 (f) Meetings of the state board shall be held at least twice a year  
43 but may be held more frequently as deemed necessary, subject to request  
44 of the department.

45 (g) Members of the state and city boards shall be indemnified under  
46 section seventeen of the public officers law or section fifty-k of the  
47 general municipal law, as the case may be.

48 (h) Members of the state board shall not be compensated for their  
49 participation on the board but shall receive reimbursement for their  
50 ordinary and necessary expenses of participation.

51 (i) Membership on a board shall not disqualify any person from holding  
52 any public office or employment.

53 4. (a) The commissioner may request and shall receive upon request  
54 from any department, division, board, bureau, commission, local health  
55 departments or other agency of the state or political subdivision there-  
56 of or any public authority, such information, including but not limited

1 to death records, medical records, autopsy reports, toxicology reports,  
2 hospital discharge records, birth records and any other information that  
3 will help the department under this section to properly carry out its  
4 functions, powers and duties. The commissioner, or the city commissioner  
5 for the fetal and infant deaths or fetal and infant morbidity occurring  
6 within the vital statistics registration district of the city of New  
7 York, may request and shall receive upon request from any department,  
8 division, board, commission or other agency under the authority of the  
9 city of New York as well as hospitals established pursuant to article  
10 twenty-eight of this chapter, birthing facilities, medical examiners,  
11 coroners and coroner physicians and any other facility providing  
12 services associated with fetal and infant mortality or fetal and infant  
13 morbidity, such information, including, but not limited to, death  
14 records, medical records, autopsy reports, toxicology reports, hospital  
15 discharge records, birth records and any other information that will  
16 help the department under this section to properly carry out its func-  
17 tions, powers and duties.

18 (b) The commissioner and the city commissioner shall receive and may  
19 solicit voluntary information, including oral or written statements,  
20 relating to any fetal and infant death and case of severe fetal and  
21 infant morbidity, from any family member or other interested party  
22 relating to any case that may come before the board. Oral statements  
23 received under this paragraph shall be transcribed or summarized in  
24 writing. The commissioner and the city commissioner shall transmit that  
25 information to the board considering the case.

26 (c) Before transmitting any information to the board, the commissioner  
27 or the city commissioner shall remove all personal identifying informa-  
28 tion of the fetus or infant, individuals experiencing pregnancy loss or  
29 parents of infant, health care practitioner or practitioners, or anyone  
30 else individually named in such information, as well as the hospital or  
31 facility that treated the fetus or infant, and any other information  
32 such as geographic location that may inadvertently identify the fetus or  
33 infant, practitioner, or facility.

34 (d) Information received or transmitted under this section is not  
35 admissible in any civil, administrative, criminal, or family court  
36 proceeding that seeks to punish or prosecute the pregnant or birthing  
37 person and shall not be used as a basis of a report to the statewide  
38 central register of child abuse and maltreatment.

39 5. Each board:

40 (a) shall collect and perform case reviews of fetal and infant deaths;  
41 (b) shall make and report findings and recommendations to the commis-  
42 sioner, and in the case of the city board to the commissioner and the  
43 city commissioner regarding the cause of death, factors leading to  
44 death, and preventability of each fetal or infant death case, and each  
45 case of severe fetal or infant morbidity reviewed by the board, by  
46 reviewing relevant information for each case in the state or the city of  
47 New York, as the case may be, and consulting with experts as needed to  
48 evaluate the information for each death; provided that no information  
49 which, alone or in combination, would permit an individual who experi-  
50 enced a pregnancy loss or infant death to be identified may be requested  
51 or shared with consulting experts, and that information reviewed or  
52 findings made by the board shall not be admissible in any civil, admin-  
53 istrative, criminal, or family court proceeding and shall not be used as  
54 a basis of a report to the statewide central register of child abuse and  
55 maltreatment;

1 (c) shall develop and deliver to the commissioner, and in the case of  
2 the city board to the commissioner and the city commissioner for areas  
3 of focus, recommendations on:

4 (i) issues of severe fetal and infant morbidity;

5 (ii) addressing social determinants of fetal and infant health,  
6 including racial, economic or other historical and contemporary injus-  
7 tices which lead to disparities in fetal and infant outcomes;

8 (iii) policies, best practices, and strategies to reduce fetal and  
9 infant mortality and morbidity;

10 (iv) methods of improving services and resources; and

11 (v) methods of implementing continuous quality improvement in fetal  
12 and infant mortality and morbidity;

13 (d) shall issue an annual public report on its findings and recommen-  
14 dations and may also issue public reports more frequently;

15 (e) shall identify and address systemic community conditions contrib-  
16 uting to fetal and infant deaths;

17 (f) shall implement a surveillance system to monitor incidence, etiol-  
18 ogies, and contributing factors and which can describe effects of health  
19 care system change;

20 (g) shall identify system wide challenges to improving fetal and  
21 infant health care;

22 (h) may, in addition to the findings and recommendations made under  
23 this subdivision, and consistent with all applicable confidentiality  
24 protections, bring any particular matter to the attention of the commis-  
25 sioner or the city commissioner, and in the case of the city board to  
26 the commissioner and the city commissioner; and

27 (i) may request and shall receive the assistance of the commissioner  
28 in the instance of the state board and the city commissioner in the  
29 instance of the city board in carrying out its functions.

30 6. The commissioner and the city commissioner and the state and city  
31 boards shall each keep confidential any information collected or  
32 received under this section that includes personal identifying informa-  
33 tion of the fetus or infant, fetus or infant's parents, health care  
34 practitioner or practitioners, or anyone else individually named in such  
35 information, as well as the hospital or facility that treated the fetus  
36 or infant, and any other information such as geographic location that  
37 may inadvertently identify the fetus or infant, the fetus or infant's  
38 parents, practitioner, or facility, and shall use the information  
39 provided or received under this section solely for the purposes of  
40 improvement of the quality of fetal and infant health care and to  
41 prevent fetal and infant mortality and morbidity. This subdivision shall  
42 not preclude the transmitting of information to the board that is  
43 reasonably necessary to enable the board to perform an appropriate  
44 review under this section. All records received, meetings conducted,  
45 reports, except those public reports required to be issued by the board  
46 by this section, and records made and maintained and all books and  
47 papers obtained by the board shall be confidential and shall not be made  
48 open or available, including under article six of the public officers  
49 law, and shall be limited to board members as well as those authorized  
50 by the commissioner or city commissioner. Such information shall not be  
51 discoverable or admissible as evidence in any action in any court or  
52 before any other tribunal, board, agency or person.

53 7. The commissioner and the city commissioner, within their respective  
54 legal authority, may use the recommendations and findings of the boards  
55 to develop guidance and other actions relating to best practices, and

1 shall disseminate information relating to that guidance and other  
2 actions to appropriate health care providers.

3 § 2. The administrative code of the city of New York is amended by  
4 adding a new section 17-166.1 to read as follows:

5 § 17-166.1 Fetal and infant mortality review board. a. For the  
6 purposes of this section, unless the context requires otherwise:

7 (1) "Review board" means the fetal and infant mortality review board  
8 established by this section.

9 (2) "Fetal and infant death" means pregnancy loss that ends in still-  
10 birth or infant deaths within one year of birth.

11 (3) "Severe fetal and infant morbidity" or "morbidity" means unantic-  
12 ipated outcomes of pregnancy, labor, or delivery that result in signif-  
13 icant short- or long-term consequences to a child's health.

14 b. There is hereby established in the department the fetal and infant  
15 mortality review board for the purpose of reviewing fetal and infant  
16 deaths and fetal and infant morbidity and developing and disseminating  
17 findings, recommendations, and best practices to contribute to the  
18 prevention of fetal and infant mortality and morbidity. The review  
19 board shall assess the cause of death, factors leading to death and  
20 preventability for each fetal and infant death reviewed and, in the  
21 discretion of the review board, cases of severe fetal and infant  
22 morbidity, and shall develop and disseminate strategies for reducing  
23 the risk of fetal and infant mortality and morbidity, including  
24 risk resulting from racial, economic, or other disparities. The  
25 commissioner may delegate the authority to conduct fetal and infant  
26 mortality reviews.

27 c. (1) The members of the review board shall be comprised of multidis-  
28 ciplinary experts in the field of fetal and infant mortality, fetal,  
29 neonatal and infant health and public health, maternal health, obstet-  
30 rics and gynecology, and shall include health care professionals or  
31 other experts who serve and are representative of the racial, ethnic,  
32 and socioeconomic diversity of the city of New York and, to the extent  
33 possible, the medically underserved areas of the city of New York or  
34 areas of the city of New York with disproportionately high occurrences  
35 of fetal and infant mortality or morbidity.

36 (2) The review board shall be composed of nine members, all of whom  
37 shall be appointed by the commissioner.

38 (3) The terms of the review board members shall be three years. The  
39 commissioner may choose to reappoint review board members to additional  
40 three-year terms.

41 (4) A majority of the appointed membership of the review board, but no  
42 less than five, shall constitute a quorum.

43 (5) When any member of the review board fails to attend three consec-  
44 utive regular meetings, unless good cause is shown for such absence,  
45 that membership may be deemed vacant for purposes of the appointment of  
46 a successor.

47 (6) Meetings of the review board shall be held at least twice a year  
48 but may be held more frequently as deemed necessary, subject to request  
49 of the department.

50 (7) Members of the review board shall be indemnified under section  
51 seventeen of the public officers law or section fifty-k of the general  
52 municipal law, as the case may be.

53 (8) Members of the review board shall not be compensated for their  
54 participation on the review board but shall receive reimbursement for  
55 their ordinary and necessary expenses of participation.

1 (9) Membership on the review board shall not disqualify any person  
2 from holding any public office or employment.

3 d. (1) The commissioner may request and shall receive upon request  
4 from any department, division, board, bureau, commission, local health  
5 department or other agency of the state or political subdivision thereof  
6 or any public authority, such information, including but not limited to  
7 death records, medical records, autopsy reports, toxicology reports,  
8 hospital discharge records, birth records and any other information that  
9 will help the department under this section to properly carry out its  
10 functions, powers and duties. The commissioner may request and shall  
11 receive upon request from any department, division, board, commission or  
12 other agency under the authority of the city of New York as well as  
13 hospitals established pursuant to article twenty-eight of the public  
14 health law, birthing facilities, medical examiners, coroners and coroner  
15 physicians and any other facility providing services associated with  
16 fetal and infant mortality or fetal and infant morbidity, such informa-  
17 tion, including, but not limited to, death records, medical records,  
18 autopsy reports, toxicology reports, hospital discharge records, birth  
19 records and any other information that will help the department under  
20 this section to properly carry out its functions, powers and duties.

21 (2) The commissioner shall receive and may solicit voluntary informa-  
22 tion, including oral or written statements, relating to any fetal and  
23 infant death and case of severe fetal and infant morbidity, from any  
24 family member or other interested party relating to any case that may  
25 come before the review board. Oral statements received under this para-  
26 graph shall be transcribed or summarized in writing. The commissioner  
27 shall transmit that information to the review board considering the  
28 case.

29 (3) Before transmitting any information to the review board, the  
30 commissioner shall remove all personal identifying information of the  
31 fetus or infant, individuals experiencing pregnancy loss or parents of  
32 the infant, health care practitioner or practitioners, or anyone else  
33 individually named in such information, as well as the hospital or  
34 facility that treated the fetus or infant, and any other information  
35 such as geographic location that may inadvertently identify the fetus or  
36 infant, fetus or infant's family, practitioner, or facility.

37 (4) Information received or transmitted under this section is not  
38 admissible in any civil, administrative, criminal, or family court  
39 proceeding that seeks to punish or prosecute the pregnant or birthing  
40 person and shall not be used as a basis of a report to the Statewide  
41 Central Register of Child Abuse and Maltreatment.

42 e. The review board:

43 (1) shall collect and perform case reviews of fetal and infant deaths;

44 (2) shall make and report findings and recommendations to the commis-  
45 sioner regarding the cause of death, factors leading to death, and  
46 preventability of each fetal or infant death case, and each case of  
47 severe fetal or infant morbidity reviewed by the review board, by  
48 reviewing relevant information for each case in the city of New York and  
49 consulting with experts as needed to evaluate the information for each  
50 death provided that no information which, alone or in combination, would  
51 permit an individual who experienced a pregnancy loss or infant death to  
52 be identified may be requested or shared with consulting experts, and  
53 that information reviewed or findings made by the board shall not be  
54 admissible in any civil, administrative, criminal, or family court  
55 proceeding and shall not be used as a basis of a report to the Statewide  
56 Central Register of Child Abuse and Maltreatment;

1 (3) shall develop and deliver to the commissioner recommendations on:  
2 (A) issues of severe fetal and infant morbidity;  
3 (B) addressing social determinants of fetal and infant health, includ-  
4 ing racial, economic or other historical and contemporary injustices  
5 which lead to disparities in fetal and infant outcomes;  
6 (C) policies, best practices, and strategies to reduce fetal and  
7 infant mortality and morbidity;  
8 (D) methods of improving services and resources; and  
9 (E) methods of implementing continuous quality improvement in fetal  
10 and infant mortality and morbidity;  
11 (4) shall issue an annual public report on its findings and recommen-  
12 dations and may also issue public reports more frequently;  
13 (5) shall identify and address systemic community conditions contrib-  
14 uting to fetal and infant deaths;  
15 (6) shall implement a surveillance system to monitor incidence, etiolo-  
16 gies, and contributing factors and which can describe effects of health  
17 care system change;  
18 (7) shall identify system wide challenges to improving fetal and  
19 infant health care;  
20 (8) may, in addition to the findings and recommendations made under  
21 this subdivision, and consistent with all applicable confidentiality  
22 protections, bring any particular matter to the attention of the commis-  
23 sioner; and  
24 (9) may request and shall receive the assistance of the commissioner  
25 in carrying out its functions.

26 f. The commissioner and the review board shall each keep confidential  
27 any information collected or received under this section that includes  
28 personal identifying information of the fetus or infant, the fetus or  
29 infant's parents, health care practitioner or practitioners, or anyone  
30 else individually named in such information, as well as the hospital or  
31 facility that treated the fetus or infant, and any other information  
32 such as geographic location that may inadvertently identify the fetus or  
33 infant, the fetus or infant's parents, practitioner, or facility, and  
34 shall use the information provided or received under this section solely  
35 for the purposes of improvement of the quality of fetal and infant  
36 health care and to prevent fetal and infant mortality and morbidity.  
37 This subdivision shall not preclude the transmitting of information to  
38 the review board that is reasonably necessary to enable the review board  
39 to perform an appropriate review under this section. All records  
40 received, meetings conducted, reports, except those public reports  
41 required to be issued by the review board by this section, and records  
42 made and maintained and all books and papers obtained by the review  
43 board shall be confidential and shall not be made open or available,  
44 including under article six of the public officers law, and shall be  
45 limited to review board members as well as those authorized by the  
46 commissioner. Such information shall not be discoverable or admissible  
47 as evidence in any action in any court or before any other tribunal,  
48 board, agency or person.

49 g. The commissioner may use the recommendations and findings of the  
50 review board to develop guidance and other actions relating to best  
51 practices, and shall disseminate information relating to that guidance  
52 and other actions to appropriate health care providers.

53 § 3. This act shall take effect one year after it shall have become a  
54 law.