STATE OF NEW YORK

9264

2025-2026 Regular Sessions

IN ASSEMBLY

November 21, 2025

Introduced by M. of A. ROSENTHAL -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to enacting the "protection, respect, inclusion, dignity, and equality (PRIDE) care act"

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 "protection, respect, inclusion, dignity, and equality (PRIDE) care act".

§ 2. Section 3602 of the public health law is amended by adding seven new subdivisions 18, 19, 20, 21, 22, 23 and 24 to read as follows:

18. "Non-direct patient contact employee or contractor" means an employee or contractor who does not make direct contact with the patient. For the purposes of this subdivision, the term "direct contact" includes, but is not limited to, communications with the patient through in-person interactions, phone calls, text messages, emails, virtual messages, and letters.

19. "Direct contact employee or contractor" means any employee or contractor who makes direct contact with the patient. For the purposes of this subdivision, "direct contact" includes, but is not limited to, communications with the patient through in-person interactions, phone calls, text messages, emails, virtual messages, and letters.

20. "Gender identity or expression" means a person's actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned to the person at birth, including, but not limited to, the status of being transgender.

21. "Gender affirming health care" means medical, surgical, behavioral, health, psychological, and other services intended to support and affirm a person's self-determined gender identity or expression. The

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

LBD13764-02-5

term "gender affirming health care" does not include sexual orientation, gender identity, and gender expression change efforts.

22. "AIDS" means diagnosed acquired immune deficiency syndrome.

23. "HIV" means the human immunodeficiency virus.

24. "LGBTQ" means lesbian, gay, bisexual, transgender, queer, and/or intersex identities.

§ 3. The public health law is amended by adding a new section 3604 to read as follows:

§ 3604. Home care services bill of rights. The provisions of this section shall apply to home care services agencies and certified home health agencies.

1. A patient who receives home care services shall not be subject to discrimination on the basis of sexual orientation, gender identity, gender expression, and/or HIV status, and shall have the following rights:

(a) to receive written information, in plain language and in a language the patient understands, about such patient's rights under this section before receiving services, including what to do and who to contact if such rights are violated;

(b) to receive a nondiscrimination notice, which:

(i) shall read "(Name of provider) does not discriminate and does not permit discrimination, including, but not limited to, bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, or HIV status, or based on association with another individual on account of that individual's actual or perceived sexual orientation, gender identity, gender expression, or HIV status. You may file a complaint with the department of health at (provide contact information) if you believe that you have experienced this kind of discrimination";

(ii) the home care services agency or certified home health agency shall obtain a signed copy of from each patient, or the patient's representative if applicable, and such signed copy shall be included in such patient's record if applicable;

(c) to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, including the right to be treated with respect and be free from discrimination based on LGBTQ and/or HIV status or perceived status, and to take an active part in developing, modifying, and evaluating such plan and services;

(d) to receive HIV-related treatment as prescribed and be free from discrimination based on receiving the HIV-related treatment;

(e) to receive gender affirming health care and related mental health care and be free from discrimination based on receiving such gender affirming health care;

(f) to be informed, before receiving services, on the type and disciplines of staff who will be providing such services, whether such staff have LGBTQ and HIV cultural competency training as defined in subdivision two of this section, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing such services;

(g) to receive medical or nonmedical care that is appropriate to such patient's organs and bodily needs and that does not demean such patient's dignity or cause avoidable discomfort, including being denied or curtailed medical or nonmedical care because of such patient's gender identity or expression, sexual orientation, and/or HIV status;

(h) to be told in advance of any recommended changes by the provider in such patient's home care services plan and to take an active part in any decisions about changes to such home care services plan;

(i) to refuse services or treatment, including experimental HIV or gender affirming health care treatment;

(j) to know, before receiving services or during the initial visit, any limits to the services available from the home care services agency or certified home health agency;

(k) to be told before home care services are initiated what the provider charges for such home care services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; what charges such patient may be responsible for paying; and what charges might be impacted by such patient's gender identity or expression, sexual orientation, and/or HIV status;

(l) to be told that there may be other services available to such patient, if applicable, including other home care services and providers, and to be told where to find information about such alternative services, including providing resources to find a LGBTQ and HIV-friendly home care services agency or certified home health agency;

(m) to choose freely among available providers and to change providers after home care services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs, or public programs;

(n) to have personal, financial, and medical information kept private on a need-to-know basis, and to be advised of the provider's policies and procedures regarding disclosure of such information, including the right to privacy of gender identity or expression and sexual orientation;

(o) to have access to such patient's own records and written information from such records;

(p) to be served by people who meet applicable standards of care, following the training set forth in subdivision two of this section, and be competent to perform their duties;

(q) to be treated with courtesy and respect, and to have such patient's property treated with respect, including but not limited to using such patient's preferred name and pronouns, and be free from a willful and repeated failure to use such patient's chosen name and pronouns after being clearly informed of such patient's chosen name and pronouns;

(r) to be free from physical, verbal, sexual, and mental abuse, neglect, financial exploitation, and all forms of maltreatment;

(s) to be free from discrimination based on race, color, religion, sex, gender identity or expression, actual or perceived sexual orientation, marital status, medical condition including HIV status, military or veteran status, national origin, ancestry, disability, genetic information, or age;

(t) to be free from discrimination based on private and personal items belonging to such patient, including but not limited to, photographs, letters, mail, clothing, toiletries, and decorative choices;

(u) to be free to have visitors of their choice and be free to restrict or prohibit individuals from visiting such patient, including members of such patient's biological family, and to have such visitors also be free from discrimination based on race, color, religion, sex, gender identity or expression, actual or perceived sexual orientation, marital status, medical condition including HIV status, military or

veteran status, national origin, ancestry, disability, gender information, or age;

(v) to be free to have privacy, with or without a guest of such patient, at times of such patient's choosing;

(w) to be free to associate with visitors, including the right to consensual sexual relations with persons of such patient's choosing;

(x) to be free to wear or be dressed in clothing, accessories, or cosmetics of such patient's choosing;

(y) to receive written notice of changes in services or charges, with at least a thirty-day notice before any increase in charges;

(z) to be provided at least ten calendar days' advance written notice of the termination of a service by the home care services agency or certified home health agency, except in cases where:

(i) such patient engages in conduct that significantly alters the terms of the service plan with such home care services agency or certified home health agency;

(ii) such patient, person who lives with such patient, or others create an abusive or unsafe work environment for the person providing home care services; or

(iii) an emergency or a significant change in such patient's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by such home care services agency or certified home health agency;

(aa) if the provider terminates home care services, to receive written notice of such provider's reason for termination of such home care services within ten days of termination of such services, including the provider's name, phone number, date that such services will be terminated, and a statement that explains why such services are being terminated;

(bb) to receive a coordinated transfer when there will be a change in the provider of home care services;

(cc) to report reasonable grievances to staff and others about the home care services provided, or failed to be provided, any discrimination faced by such patient including but not limited to discrimination based on sex, gender identity or expression, actual or perceived sexual orientation, any lack of courtesy or respect to such patient or such patient's property, and the right to recommend changes in policies and services, or any other problems with such home care services without fear of retaliation or punishment including the threat of termination of such home care services;

(dd) to be informed on how to contact an individual associated with the home care services agency or certified home health agency who is responsible for handling problems and to have such home care services agency or certified home health agency investigate and attempt to resolve the grievance or complaint;

(ee) to be informed of the name, address, phone number, and email address of the state, county, or city agency to contact for additional information or assistance; and

(ff) to assert rights under this subdivision personally, or have such rights asserted by such patient's representative or by anyone on behalf of such patient, without retaliation.

2. (a) Each employee and contractor of a home care services agency or certified home health agency shall complete a training designed to eliminate and prevent discrimination based on actual or perceived sexual orientation, gender identity or expression, and actual or perceived HIV status, within six months of being hired or beginning their contract,

and at least once every two years thereafter. To be in compliance with this paragraph, each direct contact employee or contractor shall receive three hours of training every two years, and each non-direct contact employee or contractor shall engage in two hours of training every two years. A person required to receive training under this paragraph shall receive such training within six months of hire unless the person provides proof of having received training with the prior two years that the home care services agency or certified home health agency determines satisfies the requirements of this paragraph. Such training program shall be completed by: (i) all providers of home care services who contract with or receive funding from the department, New York state Medicaid, any local, county, or city agency, or any other New York state agency, (ii) home care services agencies, and (iii) certified home health agencies.

(b) At a minimum, the training required under paragraph (a) of this subdivision shall address the following:

(i) the definitions of the terms commonly associated with sexual orientation, gender identity or expression, intersex status, and HIV status;

(ii) an understanding of why patients with diverse sexual orientations and gender identities or expressions may hide their identities;

(iii) unique needs of patients with diverse sexual orientations and gender identities or expressions, including older adults;

(iv) an overview of the various rights and protections for patients with diverse sexual orientation and gender identities or expressions;

(v) practical tips from experts about how to ask questions related to sexual orientation and gender identity or expression and understand why such questions are important for all providers of home care services;

(vi) how to respectfully respond to questions and concerns that arise in conversations relating to sexual orientation and gender identity or expression;

(vii) best practices for providing gender affirming health care;

(viii) methods of communicating with or about LGBTQ individuals or persons living with HIV, which shall address the importance of using LGBTQ individuals' preferred terminology when addressing or speaking about them and shall include a segment on the use of suitable vocabulary regarding gender identity or expression, including respecting patients' pronouns;

(ix) the health and social challenges historically faced by older LGBTQ persons and persons living with HIV, including discrimination in the home care services, health care, and other settings, and which shall include information on the history of discrimination and hostility directed towards LGBTQ persons and persons living with HIV, information about LGBTQ persons and persons living with HIVs' reluctance to seek medical treatment because of a fear of discrimination, and the discrimination faced by transgender people and the importance of providing and facilitating medical care and treatment because of a fear of discrimination;

(x) the importance of professionalism in the medical setting and the ways caretaker attitudes affect health care access and participation and overall physical and mental health outcomes; and

(xi) methods to create a safe and affirming environment, the legal and professional obligation to treat all patients in a nondiscriminatory manner, and the penalties for failing to meet legal and professional standards.

(c) The training required under this subdivision shall be taught by an entity with expertise in identifying and addressing the legal and social challenges faced by LGBTQ persons as they age and those faced by LGBTQ persons who reside in long-term-care facilities.

(d) (i) The training required under this subdivision shall be in-person training or internet-based training.

(ii) The use of in-person training shall require proof of participant attendance in the form of a certificate signed by such participant and such participant's supervisor.

(iii) The use of internet-based training shall require the following:

(1) controls to ensure that the full training is completed;

(2) the use of a personal identification number or personal identification information that confirms the identity of the participant; and

(3) a final screen displaying a printable statement, to be signed by the participant and such participant's supervisor, certifying that such identified participant completed the identified training.

(iv) Records of each staff development program shall be maintained. Such records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.

3. The rights provided under subdivision one of this section shall provide patients of home care services agencies and certified home health agencies a right to sue for violations of such rights. A home care services agency or certified home health agency shall not request or require a patient to surrender any of such rights as a condition of receiving services. A home care services agency or certified home health agency shall not force a patient or former patient into arbitration regarding such rights. Further, any arbitration clause regarding such rights between a home care services agency or certified home health agency and a patient or former patient of home care services or home health aide services, shall be deemed null and void. If any of such rights are violated, the affected patient may reach out to the New York long-term care ombudsman. The statement of rights under this section shall not replace or diminish any other rights and liberties that may exist relative to patients receiving home care services or persons providing home care services.

4. (a) All home care services agencies and certified home health agencies shall do all of the following:

(i) require all recipients of state funding, including but not limited to funding provided by Medicaid or non profit organizations, or any other providers who receive state funding to satisfy a cultural competency training requirement;

(ii) encourage and assist in the fullest possible exercise of the rights provided under this section;

(iii) provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients seeking to assert their rights under this section;

(iv) make every effort to assist patients in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for home care services;

(v) make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English; and

(vi) provide all information and notices in plain language and in terms patients can understand.

(b) No home care services agency or certified home health agency shall require or request a patient to waive any of the rights listed in this

section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

(c) Every home care services agency or certified home health agency with twenty-five or more employees shall provide a name of a chief diversity officer to the department.

§ 4. This act shall take effect on the ninetieth 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.