

STATE OF NEW YORK

6983--A

2025-2026 Regular Sessions

IN SENATE

March 27, 2025

Introduced by Sens. BRISPORT, JACKSON, SALAZAR -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues -- recommitted to the Committee on Women's Issues in accordance with Senate Rule 6, sec. 8 -- 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:

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

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

5 § 2803-nn. Implicit bias training in regard to perinatal care. 1. For
6 the purpose of this section, the following definitions shall apply:

7 (a) "implicit bias" shall mean a bias in judgment or behavior that
8 results from subtle cognitive processes, including implicit prejudice
9 and implicit stereotypes that often operate at a level below conscious
10 awareness and without intentional control.

11 (b) "perinatal care" shall mean the provision of care during preg-
12 nancy, labor, delivery, and postpartum and neonatal periods.

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

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

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

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1 (b) identification of personal, interpersonal, institutional, struc-
2 tural, and cultural barriers to inclusion;

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

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

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

11 (f) information about communicating more effectively across identi-
12 ties, including racial, ethnic, religious, and gender identities;

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

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

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

20 (j) information on reproductive justice.

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

23 9. The department shall track data on severe maternal morbidity,
24 including, but not limited to, all of the following health conditions:

25 (a) obstetric hemorrhage;

26 (b) hypertension;

27 (c) preeclampsia and eclampsia;

28 (d) venous thromboembolism;

29 (e) sepsis;

30 (f) cerebrovascular accident; and

31 (g) amniotic fluid embolism.

32 10. The data on severe maternal morbidity collected pursuant to subdi-
33 vision nine of this section shall be published at least once every two
34 years after both of the following have occurred:

35 (a) the data has been aggregated by state regions, as defined by the
36 department, to ensure data reflects how regionalized care systems are or
37 should be collaborating to improve maternal health outcomes, or other
38 smaller regional sorting based on standard statistical methods for accu-
39 rate dissemination of public health data without risking a confidential-
40 ity or other disclosure breach; and

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

42 11. The department shall track data on pregnancy-related deaths,
43 including, but not limited to, all of the conditions listed in subdivi-
44 sion nine of this section, indirect obstetric deaths, and other maternal
45 disorders predominantly related to pregnancy and complications predomi-
46 nantly related to the puerperium.

47 12. The data on pregnancy-related deaths collected pursuant to subdi-
48 visions nine and eleven of this section shall be published at least once
49 every three years after both of the following have occurred:

50 (a) the data has been aggregated by state regions, as defined by the
51 department, to ensure data reflects how regionalized care systems are or
52 should be collaborating to improve maternal health outcomes, or other
53 smaller regional sorting based on standard statistical methods for accu-
54 rate dissemination of public health data without risking a confidential-
55 ity or other disclosure breach; and

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

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