

# STATE OF NEW YORK

7879

2025-2026 Regular Sessions

## IN SENATE

May 13, 2025

Introduced by Sens. SALAZAR, ADDABBO, BAILEY, BORRELLO, BRISPORT, BROUK, CLEARE, COMRIE, COONEY, GOUNARDES, HARCKHAM, HINCHEY, HOYLMAN-SIGAL, JACKSON, LIU, MAY, MYRIE, PERSAUD, RAMOS, RIVERA, SANDERS, SCARCELLA-SPANTON, SEPULVEDA, SERRANO, STAVISKY, WEBB, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues

AN ACT to amend the public health law, in relation to the duty to inform certain patients about the risks associated with cesarean section for patients undergoing a primary cesarean section and to inform certain patients about the reason for performing primary cesarean section delivery

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

1 Section 1. The public health law is amended by adding a new section  
2 2500-n to read as follows:

3 § 2500-n. Duty of providers of primary cesarean section services to  
4 inform. 1. The commissioner shall require that every health care provid-  
5 er, defined as any physician, midwife, nurse practitioner, or physician  
6 assistant, or other health care practitioner acting within such practi-  
7 tioner's lawful scope of practice attending a pregnant person, to  
8 provide written communication to each pregnant person for whom a primary  
9 cesarean section delivery, defined as first lifetime delivery via cesa-  
10 rean section, is recommended as a planned cesarean section delivery  
11 based on medical necessity, that the primary cesarean section is recom-  
12 ended and to provide the justification for the primary cesarean section  
13 prior to the delivery.

14 2. In the event that a primary cesarean section is not deemed  
15 medically necessary by the provider but the patient requests a planned  
16 cesarean section delivery, the commissioner shall require that the  
17 health care provider provide written communication to the pregnant  
18 person requesting the primary cesarean section indicating that the

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

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1 primary cesarean section is not medically necessary and to explain the  
2 risks associated with the cesarean section prior to the delivery.

3 3. In the event that the primary cesarean section is not planned  
4 prenatally, the commissioner shall require that the health care provider  
5 who performed the cesarean section provide communication in writing to  
6 each person who delivered via primary cesarean section the reason for  
7 the unplanned cesarean section after the delivery.

8 4. The provider shall provide communication to the patient with a  
9 planned cesarean section that shall include, but not be limited to, the  
10 following information, in the summary of the report sent to the patient:

11 "Cesarean birth can be life-saving for the fetus, the birthing parent,  
12 or both in some cases. However, potential injuries to the birthing  
13 parent associated with cesarean delivery include but are not limited to:  
14 heavy blood loss that results in hysterectomy or a blood transfusion,  
15 ruptured uterus, injury to other organs including the bladder, and other  
16 complications from a major surgery. Cesarean delivery also carries high-  
17 er risk of infant injury and can result in situations requiring the  
18 neonatal intensive care unit (NICU). After a cesarean delivery, future  
19 vaginal deliveries may be risky. Because of this, cesarean delivery may  
20 be recommended in the future. However, vaginal birth after cesarean  
21 (VBAC) may be possible, depending upon your health characteristics. In  
22 future pregnancies, there is risk of the cesarean section scar breaking  
23 during pregnancy or labor (uterine rupture). Additionally, people's risk  
24 of developing placenta previa or accrete in future pregnancies is higher  
25 after cesarean deliveries than vaginal births. Speak to your health care  
26 provider about your options and any questions you may have."

27 5. The provider shall provide communication to the patient with an  
28 unplanned cesarean section that shall include, but not be limited to,  
29 the following information, in the summary of the report sent to the  
30 patient:

31 "Your most recent delivery was via cesarean section. Cesarean delivery  
32 can be life-saving for the fetus, the birthing parent, or both in some  
33 cases. After a cesarean delivery, future vaginal deliveries may be  
34 risky. Because of this, cesarean delivery may be recommended in the  
35 future. However, vaginal birth after cesarean (VBAC) may be possible,  
36 depending upon your health characteristics. In future pregnancies, there  
37 is risk of the cesarean section scar breaking during pregnancy or labor  
38 (uterine rupture). Additionally, people's risk of developing placenta  
39 previa or accrete in future pregnancies is higher after cesarean deliv-  
40 eries than vaginal births. Speak to your health care provider about your  
41 options and any questions you may have."

42 § 2. This act shall take effect on the one hundred eightieth day after  
43 it shall have become a law. Effective immediately, the department of  
44 health may promulgate any rule or regulation necessary for the timely  
45 implementation of this act on its effective date.