

# STATE OF NEW YORK

9036

## IN SENATE

January 27, 2026

Introduced by Sens. GONZALEZ, FERNANDEZ, LIU -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to the creation of a women's and reproductive health services education and outreach program

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

1 Section 1. Section 266 of the public health law, as added by chapter  
2 342 of the laws of 2014, subdivision 2 as added and subdivision 3 as  
3 renumbered by chapter 76 of the laws of 2020, subdivisions 4 and 5 as  
4 added by chapter 66 of the laws of 2021, and subdivision 6 as added by  
5 chapter 653 of the laws of 2022, is amended to read as follows:

6 § 266. [~~Department website~~] Women's and reproductive health services  
7 education and outreach program. 1. There is hereby created within the  
8 department a women's and reproductive health services education and  
9 outreach program. The department shall conduct education and outreach  
10 for consumers, patients, educators, and health care providers related to  
11 women's and reproductive health services available in New York state  
12 including, but not limited to: preventative care, cancer screenings,  
13 access to services such as contraceptives and pregnancy testing, testing  
14 and treatment for sexually transmitted infections, and any other repro-  
15 ductive health condition or information the commissioner shall deem  
16 appropriate.

17 2. The department shall establish and maintain an internet website for  
18 the purpose of advancing women's health initiatives. The website shall  
19 provide information and materials for the purposes of educating the  
20 public and raising awareness of women's health issues, provide links to  
21 useful resources and encourage the use of services now made more widely  
22 available to the women of New York state. The website shall also promote  
23 the following preventative services now covered pursuant to federal law  
24 and regulation, and explain that such services must be covered with no  
25 cost sharing:

26 (a) Anemia screening for pregnant women;

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

LBD06611-08-6

- 1 (b) Bacteriuria urinary tract or other infection screening for preg-  
2 nant women;
- 3 (c) BRCA counseling about genetic testing for women at higher risk;
- 4 (d) Breast cancer mammography screenings every one to two years for  
5 women over age forty;
- 6 (e) Breast cancer chemoprevention counseling for women at higher risk;
- 7 (f) Breastfeeding comprehensive support and counseling from trained  
8 providers, as well as access to breastfeeding supplies, for pregnant and  
9 nursing women;
- 10 (g) Cervical cancer screening for sexually active women;
- 11 (h) Chlamydia infection screening for younger women and other women at  
12 higher risk;
- 13 (i) Contraception: Food and Drug Administration-approved contraceptive  
14 methods, sterilization procedures, and patient education and counseling,  
15 not including abortifacient drugs;
- 16 (j) Domestic and interpersonal violence screening and counseling for  
17 all women;
- 18 (k) Folic acid supplements for women who may become pregnant;
- 19 (l) Gestational diabetes screening for women twenty-four to twenty-  
20 eight weeks pregnant and those at high risk of developing gestational  
21 diabetes;
- 22 (m) Gonorrhea screening for all women at higher risk;
- 23 (n) Hepatitis B screening for pregnant women at their first prenatal  
24 visit;
- 25 (o) Human immunodeficiency virus (HIV) screening and counseling for  
26 sexually active women;
- 27 (p) Human papillomavirus (HPV) DNA Test: high risk HPV DNA testing  
28 every three years for women with normal cytology results who are thirty  
29 years of age or older;
- 30 (q) Osteoporosis screening for women over age sixty depending on risk  
31 factors;
- 32 (r) RH incompatibility screening for all pregnant women and follow-up  
33 testing for women at higher risk;
- 34 (s) Tobacco use screening and interventions for all women, and  
35 expanded counseling for pregnant tobacco users;
- 36 (t) Sexually transmitted infections (STI) counseling for sexually  
37 active women;
- 38 (u) Syphilis screening for all pregnant women or other women at  
39 increased risk; ~~and~~
- 40 (v) Well-woman visits to obtain recommended preventive services~~[-~~  
41 ~~2-]~~;
- 42 (w) Available counseling for reproductive health services;
- 43 (x) Access to reproductive health services and counseling via tele-  
44 health;
- 45 (y) Resources for locating clinics that provide reproductive health  
46 services and counseling for the services under this subdivision;
- 47 (z) Financial assistance available for reproductive health services  
48 and counseling for the services under this subdivision; and
- 49 (aa) Programs for reproductive health services offered through other  
50 state agencies as defined by section four hundred one of the executive  
51 law.
- 52 3. The department may produce, make available to others for reprod-  
53 uction, or contract with others to develop such materials under this  
54 section as the commissioner deems appropriate. Such information shall be  
55 posted on the website in a printable format, in each of the top six  
56 languages spoken in the state, other than English, according to the

1 latest available data from the United States Census Bureau, to allow all  
2 general hospitals, diagnostic and treatment centers, obstetricians,  
3 primary care providers, midwives, and other health care programs provid-  
4 ing women's wellness services to provide the information to their  
5 patients as part of their wellness education or prenatal care activ-  
6 ities.

7 4. In exercising any of the commissioner's powers under this section,  
8 the commissioner may consult with appropriate health care professionals,  
9 providers, consumers, educators and patients or organizations represent-  
10 ing them.

11 5. The commissioner shall ensure that all information and materials  
12 produced pursuant to this section are maintained and updated to reflect  
13 best practice recommendations.

14 6. The department shall also consider making use of social media  
15 networks for the purposes of advancing such initiatives.

16 7. The commissioner shall develop and update as necessary information  
17 on possible complications from pregnancy that can endanger the life or  
18 health of the newborn or the mother for purposes of advancing women's  
19 health initiatives, pursuant to subdivision ~~[one]~~ two of this section.  
20 Such information shall be developed in consultation with any state or  
21 local government maternal mortality review boards and health care  
22 providers or other experts in the field of women and newborn health.  
23 Such information shall be posted on the website in a printable format,  
24 in each of the top six languages spoken in the state, other than  
25 English, according to the latest available data from the United States  
26 Census Bureau, to allow all general hospitals, diagnostic and treatment  
27 centers, obstetricians, primary care providers, midwives, and other  
28 health care programs providing women's wellness services to provide the  
29 information to their patients as part of their wellness education or  
30 prenatal care activities.

31 ~~[3. The department shall also consider making use of social media~~  
32 ~~networks for the purposes of advancing such initiatives.~~

33 ~~4.]~~ 8. Information pursuant to subdivision two of this section shall  
34 include information related to pre-term labor and premature birth,  
35 including but not limited to definitions and information on the risks of  
36 pre-term labor and premature birth to the expectant mother and fetus, as  
37 well as signs and symptoms of pre-term labor. The information shall also  
38 include:

39 (a) a statement that the medical assistance program provides coverage  
40 for all income-eligible pregnant women residing in the state regardless  
41 of immigration status; and

42 (b) a statement informing individuals of their right to request a  
43 hospital discharge review in accordance with section twenty-eight  
44 hundred three-i of this article if they believe they are being asked to  
45 leave a hospital too soon; and

46 (c) a statement informing individuals that hospitals must determine  
47 whether an expectant mother is experiencing an emergency medical condi-  
48 tion, and upon making a diagnosis of an emergency medical condition,  
49 admit the expectant mother to the general hospital or treat them in the  
50 emergency room for close observation and continuous monitoring until it  
51 is deemed medically safe for discharge or transfer in accordance with  
52 state and federal requirements including the federal Emergency Medical  
53 Treatment and Labor Act (EMTALA).

54 ~~[5.]~~ 9. The department shall develop educational materials to be  
55 provided to emergency room medical staff regarding the state and federal  
56 discharge and transfer requirements.

1     ~~6.~~ 10. Cytomegalovirus. (a) In addition to information provided  
2 pursuant to this section, the commissioner shall also develop comprehen-  
3 sive informational materials, which shall include, but not be limited  
4 to, the symptoms, the risks, the transmission and the prevention of  
5 cytomegalovirus and the effects that such virus may have on a pregnant  
6 individual, an individual who may become pregnant, and children.

7     (b) i. The commissioner shall distribute such cytomegalovirus informa-  
8 tional materials to:

9         (1) licensed physicians who practice obstetric and/or gynecology in  
10 this state; and

11         (2) those licensed to practice midwifery pursuant to article one  
12 hundred forty of the education law.

13     ii. Such physicians or midwives shall provide the cytomegalovirus  
14 informational materials to each pregnant patient during such patient's  
15 first appointment with such physician or midwife.

16     11. The department shall take all necessary steps to ensure the confi-  
17 dentality of providers of these services and of the individuals receiv-  
18 ing services unless necessary for the purpose of referring individuals  
19 for reproductive health services. A provider may request that their  
20 information be omitted from dissemination under this program. The  
21 commissioner may maintain aggregate, de-identified information, provided  
22 that no information which alone or in combination would permit a  
23 patient, provider, or an individual who sought, received, provided, or  
24 supported health care services under the program to be identified may be  
25 requested or shared.

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