

# STATE OF NEW YORK

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1855

2025-2026 Regular Sessions

## IN SENATE

January 14, 2025

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Introduced by Sens. RIVERA, BROUK, HOYLMAN-SIGAL, KRUEGER, MYRIE, SALAZAR, SEPULVEDA, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law and the education law, in relation to strengthening protections for patients regarding sexual misconduct by medical providers

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

1 Section 1. Subparagraph (ii) of paragraph (a) of subdivision 10 of  
2 section 230 of the public health law, as amended by chapter 558 of the  
3 laws of 1994, is amended to read as follows:

4 (ii) If the investigation of cases referred to an investigation  
5 committee involves issues of clinical practice, medical experts, shall  
6 be consulted. Experts may be made available by the state medical society  
7 of the state of New York, by county medical societies and specialty  
8 societies, and by New York state medical associations dedicated to the  
9 advancement of non-conventional medical treatments. Medical experts  
10 shall disclose any conflicts of interest including but not limited to  
11 shared alma mater, hometown, residence, or relationships, that connects  
12 or establishes a bond between such medical expert and the licensee in  
13 order to preclude any favorable bias prior to assisting in an investi-  
14 gation. A medical expert shall not be consulted if such medical expert  
15 is under investigation, has an administrative warning, or is on  
16 probation, and such medical expert shall be dismissed from consulting  
17 duties if such medical expert becomes the subject of an investigation,  
18 receives an administrative warning, or is put on probation during such  
19 experts term of consultation. Any information obtained by medical  
20 experts in consultations, including the names of licensees or patients,  
21 shall be confidential and shall not be disclosed except as otherwise  
22 authorized or required by law.

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

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§ 2. Paragraph (a) of subdivision 10 of section 230 of the public health law, as amended by chapter 866 of the laws of 1980, is amended to read as follows:

(a) Investigation. The board for professional medical conduct, by a committee on professional conduct, may investigate on its own any suspected professional misconduct, and shall investigate each complaint received regardless of the source. The results of the investigation and an objective summary statement produced by the investigator along with a recommendation shall be referred to the director of the office of professional medical conduct. If the director of the office of professional medical conduct, after consultation with a professional member of the board for professional medical conduct, determines that a hearing is warranted ~~he~~ such director shall direct counsel to prepare the charges within fifteen days thereafter. If it is determined by the director that the complaint involves a question of professional expertise then such director may seek, and if so shall obtain, the concurrence of at least two members of a panel of three members of the state board for professional medical conduct.

§ 3. Section 230 of the public health law is amended by adding a new subdivision 6-a to read as follows:

6-a. (a) The board shall adopt a zero-tolerance policy for sexual misconduct and the office of professional medical conduct shall publish such policy and make it publicly available on its website. Such policy shall include a statement that a patient cannot consent to any sexual conduct or activity with such patient's treating physician.

(b) The board shall institute annual training or in-service workshops on sexual misconduct and sexual harassment for the office of professional medical conduct staff, including investigators, the division of legal affairs, and the board. The board shall provide comprehensive orientation and training on sexual misconduct and sexual harassment issues utilizing expert speakers, physicians, representatives from the office of the attorney general, crisis intervention centers, and related community programs.

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

§ 2803-bb. Protection of patients from sexual misconduct. 1. The principles enunciated in subdivision three of this section are declared to be the public policy of the state and a copy of such statement of rights and responsibilities shall be posted conspicuously in a public place in each hospital covered hereunder.

2. The commissioner shall require that every hospital, as defined in subdivision one of section twenty-eight hundred one of this article, shall adopt and make public a statement of the rights and responsibilities regarding protection of the patients from sexual misconduct who are receiving care in such hospitals, and shall treat such patients in accordance with the provisions of such statement.

3. Said statement of rights and responsibilities regarding protection from sexual misconduct shall include, but not be limited to the following:

a. Every patient shall have the right to request the presence of a family member or third-party chaperone during a physical examination.

b. Every patient shall have the right to receive a written statement of the right to request the presence of a family member or third-party chaperone during: (1) breast and pelvic examinations of females; and (2) genitalia and rectal examinations of both males and females.

1 4. Each hospital shall give a copy of the statement to each patient at  
2 or prior to the time of admission to the hospital, or to the appointed  
3 personal representative at the time of appointment. Such statement shall  
4 be provided in a document in addition to, and separate from, any other  
5 statement of rights and responsibilities required pursuant to the  
6 provisions of this chapter. Upon acknowledgment of the statement by the  
7 patient, an acceptance or declination of the presence of a chaperone  
8 shall be noted in such patient's chart.

9 5. As used in this section, the term "chaperone" means a person who  
10 acts as a witness for a patient and a health professional during a  
11 medical examination or procedure. A chaperone shall stand in a location  
12 where they are able to assist as needed and observe the examination,  
13 therapy or procedure. A chaperone may be a health care professional or a  
14 trained unlicensed staff member. This may include medical assistants,  
15 nurses, technicians, therapists, residents, and fellows. Whenever possi-  
16 ble, but not required, the chaperone shall be the gender that the  
17 patient feels most comfortable with.

18 § 5. Section 6530 of the education law is amended by adding two new  
19 subdivisions 51 and 52 to read as follows:

20 51. Sexual impropriety, including but not limited to verbal or phys-  
21 ical behavior, gestures, or expressions that could be reasonably inter-  
22 preted as sexual, disrespectful of patient privacy, or sexually demean-  
23 ing to a patient.

24 52. Physical sexual contact between a licensee and patient, or any  
25 examination of the breasts or genitals without appropriate consent from  
26 a patient or surrogate.

27 § 6. The education law is amended by adding a new section 6523-a to  
28 read as follows:

29 § 6523-a. Additional duties of the state board for medicine. In addi-  
30 tion to any other duties of the state board for medicine provided for in  
31 law, such board shall query information from the United States depart-  
32 ment of health and human services national practitioner data bank upon  
33 an initial request for licensure by an applicant pursuant to section  
34 sixty-five hundred twenty-four of this article. If such query returns  
35 any instance of professional misconduct by the applicant, the board  
36 shall consider both the severity of the misconduct alone and in relation  
37 to the probability of such misconduct recurring upon licensure when  
38 determining whether an application for licensure shall be denied or  
39 whether to grant the applicant a hearing regarding such instance of  
40 professional misconduct.

41 § 7. Section 6524 of the education law is amended by adding a new  
42 subdivision 6-a to read as follows:

43 (6-a) Fingerprints and criminal history record check: consent to  
44 submission of fingerprints for purposes of conducting a criminal history  
45 record check. The commissioner shall submit to the division of criminal  
46 justice services two sets of fingerprints of applicants for licensure  
47 pursuant to this article, and the division of criminal justice services  
48 processing fee imposed pursuant to subdivision eight-a of section eight  
49 hundred thirty-seven of the executive law and any fee imposed by the  
50 federal bureau of investigation. The division of criminal justice  
51 services and the federal bureau of investigation shall forward such  
52 criminal history record to the commissioner in a timely manner. For the  
53 purposes of this section, the term "criminal history record" shall mean  
54 a record of all convictions of crimes and any pending criminal charges  
55 maintained on an individual by the division of criminal justice services  
56 and the federal bureau of investigation. All such criminal history

1 records sent to the commissioner pursuant to this subdivision shall be  
2 confidential pursuant to the applicable federal and state laws, rules  
3 and regulations, and shall not be published or in any way disclosed to  
4 persons other than the commissioner, unless otherwise authorized by law;

5 § 8. Subdivisions 20 and 31 of section 6530 of the education law, as  
6 added by chapter 606 of the laws of 1991, are amended to read as  
7 follows:

8 20. Conduct [~~in the practice of medicine~~] which evidences moral unfit-  
9 ness to practice medicine;

10 31. Willfully harassing, abusing, or intimidating a patient [~~either~~]  
11 or a patient's caregiver or surrogate physically or verbally;

12 § 9. This act shall take effect on the ninetieth day after it shall  
13 have become a law; provided, however, that the amendments to paragraph  
14 (a) of subdivision 10 of section 230 of the public health law made by  
15 section one of this act shall be subject to the expiration and reversion  
16 of such paragraph pursuant to section 5 of chapter 426 of the laws of  
17 1983, as amended, when upon such date the provisions of section two of  
18 this act shall take effect. Effective immediately, the addition, amend-  
19 ment and/or repeal of any rule or regulation necessary for the imple-  
20 mentation of this act on its effective date are authorized and directed  
21 to be made and completed on or before such effective date.