

STATE OF NEW YORK

7879--A

2025-2026 Regular Sessions

IN SENATE

May 13, 2025

Introduced by Sens. SALAZAR, ADDABBO, BAILEY, BORRELLO, BRISPORT, BROUK, CLEARE, COMRIE, COONEY, GOUNARDES, HARCKHAM, HINCHEY, JACKSON, LIU, MAY, MYRIE, PERSAUD, RAMOS, RIVERA, C. RYAN, 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 -- 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 the duty to inform certain patients about the risks associated with cesarean section for patients undergoing planned and unplanned primary cesarean sections

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

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

§ 2500-n. Duty of providers of primary cesarean section services to inform. 1. The commissioner shall require that every health care provider, licensed pursuant to title eight of the education law and acting within such health care provider's scope of practice and attending a pregnant person, to provide written communication to each pregnant person for whom a primary cesarean section delivery, defined as first lifetime delivery via cesarean section, is planned.

2. In the event that the primary cesarean section is not planned prenatally, the commissioner shall require that the health care provider who performed the cesarean section provide written communication to each person who delivered via primary cesarean section the reason for the unplanned cesarean section after the delivery.

3. The provider shall provide communication to the patient with a planned cesarean section. Such communication shall include, but not be limited to the following information:

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

LBD00513-03-6

1 "Cesarean birth can be life-saving for the fetus, the birthing parent,
2 or both in some cases. However, in the absence of maternal or fetal
3 indications for cesarean delivery, a vaginal birth is preferable. Vagi-
4 nal delivery is associated with shorter recovery times, reduced risk of
5 infection, decreased maternal morbidity, and decreased risk of compli-
6 cations in future pregnancies. In no instance should you ever request a
7 cesarean delivery. Potential injuries to the birthing parent associated
8 with cesarean birth include, but are not limited to, heavy blood loss
9 that results in hysterectomy or a blood transfusion, ruptured uterus,
10 injury to other organs including the bladder, and other complications
11 from a major surgery. Additionally, the risk of developing placenta
12 previa or accreta is higher after cesarean delivery than vaginal birth.
13 Some providers may recommend a cesarean due to maternal age, size of the
14 fetus, or breech presentation, although this is widely debated among
15 providers. After a cesarean delivery, future vaginal deliveries may
16 result in uterine rupture. Because of this, cesarean delivery may be
17 recommended in the future. However, vaginal birth after cesarean (VBAC)
18 may be possible, depending upon your health characteristics. Speak to
19 your health care provider about your options and any questions you may
20 have."

21 4. The provider shall provide written communication to the patient
22 with an unplanned cesarean section that shall include, but not be limit-
23 ed to, the written communication required pursuant to subdivision two of
24 this section and the following information:

25 "Your most recent delivery was via cesarean section. Cesarean delivery
26 can be life-saving for the fetus, the birthing parent, or both in some
27 cases. After a cesarean delivery, future vaginal deliveries may result
28 in uterine rupture. Because of this, cesarean delivery may be recom-
29 ended in the future. However, vaginal birth after cesarean (VBAC) may
30 be possible, depending upon your health characteristics. Vaginal birth
31 after cesarean (VBAC) requires no abdominal surgery, shorter recovery
32 periods, lower risk of infection and may prevent certain health problems
33 linked to multiple cesarean deliveries. The risk of developing placenta
34 previa or accreta increases with each subsequent cesarean delivery. Not
35 all providers and hospitals perform VBACs. Speak to your health care
36 provider about your options and any questions you may have."

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