# STATE OF NEW YORK

7879--B

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 -- 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.**

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

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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:

"Cesarean birth can be life-saving for the fetus, the birthing parent, or both in some cases. However, in the absence of maternal or fetal indications for cesarean delivery, a vaginal birth is preferable. Vaginal delivery is associated with shorter recovery times, reduced risk of infection, decreased maternal morbidity, and decreased risk of complications in future pregnancies. Potential injuries to the birthing parent associated with cesarean birth include, but are not limited to, heavy blood loss that results in hysterectomy or a blood transfusion, ruptured uterus, injury to other organs including the bladder, and other complications from a major surgery. Additionally, the risk of developing placenta previa or accreta is higher after cesarean delivery than vaginal birth. Some providers may recommend a cesarean due to maternal age, size of the fetus, or breech presentation, although this is widely debated among providers. After a cesarean delivery, future vaginal deliveries may result in uterine rupture. Because of this, cesarean delivery may be recommended in the future. However, vaginal birth after cesarean (VBAC) may be possible, depending upon your health characteristics. Speak to your health care provider about your options and any questions you may have."

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

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

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