

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.

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- 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 dentiaity 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.