

# BPCLC

New York State  
Bipartisan Pro-Choice Legislative Caucus

## 2024 BPCLC Legislative Priorities

### **Protecting and Expanding Access to Reproductive and Sexual Health Care**

#### **New York Hospital Transparency Bill (A.733-A Rozic / S.1003-A Hinchey)**

This bill ensures that individuals have access to information about whether the hospital, or hospitals, in their area provides the care they seek prior to admission. The purpose is to provide transparency to patients and the public as well as to identify health care deserts in regions of the state.

#### **Reproductive Freedom and Equity Program (S.348-C Cleare / A.361-B Gonzalez-Rojas)**

This bill establishes the Reproductive Freedom and Equity Program, a grant program that would help to increase access to abortion care. The grant program would provide three types of funding to New York abortion providers and non-profit organizations: 1) Capacity support and resources to abortion providers, 2) Uncompensated care, and 3) Grants to non-profit organizations that provide practical support to help with childcare, travel, hotel, and other costs.

#### **Abortion Provider Training Fund (S.3060 Krueger / A.3279-A Epstein)**

This legislation establishes a fund to support the training of medical residents in clinical settings. Grants would support the travel and lodging costs of residents, as well as the expansion of residency programs to accommodate additional residents.

#### **Abortion Access Fund (A.1473 Reyes)**

The purpose of this bill is to break down barriers and aid in access to reproductive health care by establishing the Abortion Access Fund. New York State taxpayers will be able to indicate on their personal income tax return whether they wish to contribute to the fund.

#### **Provisional Licensure for Reproductive Health Care Providers (S.4148-A Cooney / A.8343 Rajkumar)**

New York is dedicated to protecting reproductive rights and making high quality reproductive health services accessible to residents, as well as to individuals who travel to New York for care. It is critical, therefore, to ensure that we have an ample contingent of qualified health care providers. This bill would provide temporary authorization to a physician, physician assistant, nurse, or midwife who is licensed in another state and who has applied for licensure or certification in New York, to provide reproductive health services within their scope of practice while the NYS Education Department processes their application for licensure or certification. Provisional licensure shall not be issued to practitioners who are licensed in states or territories that are determined to have substandard or nonconforming professional licensing requirements.

#### **Medicaid Coverage of Hospital Stays for Maternity Patients and Newborns (S.1241 Sanders / A.5966 Cook)**

This legislation seeks to address maternal and infant health issues by requiring Medicaid to provide coverage for maternity patients and their newborns for hospital stays of at least 48 hours for natural delivery and 96 hours following caesarean section, as is currently provided by private insurers and HMO's. This bill ensures that those covered by Medicaid are not treated differently than those covered by private insurance. It establishes the same mandatory minimum periods of coverage under Medicaid that private insurers are bound to provide.

**Prevention of Gaps in Insurance Coverage for State Officers and Employees (A.8424 Levenberg)**

This legislation would require the health benefit plan for new state officers and employees to take effect immediately upon employment instead of after a 28-day waiting period. The purpose of this bill is to eliminate gaps in coverage, which could prevent individuals from receiving necessary and time-sensitive medical care, including reproductive health care and pregnancy-related services.

**Increasing Abortion Medication Accessibility (A.6835 Paulin / S.7691 May)**

This bill would greatly expand access to medication that effectively and safely induces abortion up to 10 weeks by allowing pharmacists licensed and located in the state to dispense a non-patient specific regimen of abortion medication to be self-administered by a patient when prescribed or ordered by a licensed physician, certified nurse practitioner, or licensed midwife.

**Authorization of Pharmacists to Administer Injectable Contraception (S.5635-A Webb / McDonald – bill number pending)**

The most effective way to prevent unintended pregnancy is to ensure that individuals have access to their choice of contraception. There are areas in New York State where contraceptive deserts exist due to a shortage of health care facilities or a lack of contraceptive choices. This legislation would help to mitigate gaps in contraceptive care and prevent unintended pregnancy by authorizing pharmacists to carry out scripts ordered by a licensed physician or certified nurse practitioner and administer FDA-approved injectable contraception.

**Public University Emergency Contraception Act (S.7152 Parker)**

This bill requires each SUNY and CUNY college and university to provide emergency contraception upon request; provides for the commissioner to establish a statewide emergency contraception college education and awareness program and to distribute informational materials and posters relating to the safety and efficacy of emergency contraception.

**Requiring Emergency Contraception Vending Machines on College Campuses (A.4091 Gonzalez-Rojas / S.4400-A Webb)**

According to a Guttmacher Institute study, individuals with low income, African Americans, and women aged 18-24 have disproportionately higher rates of unintended pregnancy. This bill would make emergency contraception available for purchase from vending machines on SUNY and CUNY campuses. Vending machines would be placed in locations that students can access outside of class hours and during the weekend. The purpose of this legislation is to increase access to emergency contraception and help prevent unintended pregnancy, which may delay graduation or cause students to give up their educational endeavors.

**Total Access to Menstrual Products (TAMP) Act (A.63-A Rosenthal)**

The purpose of this legislation is to require menstrual hygiene products, including tampons, sanitary napkins and panty liners, be made available for free in restrooms across the state.

**Enabling Youth to Give Consent to Health Care Services and Immunizations (A.6761 Reyes)**

Timely treatment and preventative care are critical for young people's health and wellbeing. Current law generally requires parental consent for minors to receive health care unless the minor is married, has a child, serves in the armed forces, or is emancipated or incarcerated. Youth may not have healthy, safe family relationships or may not feel able to talk about a specific health care need, however, which can be a huge barrier to accessing necessary health care. This legislation would allow decisionally-capable minors to provide consent to receive medical, dental, health, and/or hospital services and immunizations.

## **Protecting Reproductive Rights, Reproductive Health Care Providers, and Patients**

### **Health Data Privacy Protections (S.158-B Krueger / A.4983-B Rosenthal)**

This legislation would help to protect health data privacy by governing companies that collect and sell healthcare information, and by creating a legal framework for residents to reclaim and retain control of their healthcare information. This bill requires electronic apps or websites that are designed to provide a diagnosis or retain health information to obtain affirmative consent from the user to retain such information, as well as separate consent to sell such information to third parties. This bill also bans the practice of using geolocation at healthcare facilities to send targeted advertisements to users while they are at the health care facility or shortly afterwards.

### **Protection of Electronic Health Records (S.7879 Fernandez / Lunsford – bill number pending)**

Currently, a patient's electronic health record may be shared across state lines automatically and by default. As some states move to criminalize abortion care and gender affirming care, this automatic sharing can put New York patients who travel or move out-of-state, out-of-state patients seeking treatment in New York, and providers of these services in New York at risk of criminalization. This bill would protect patients and providers alike by requiring all health information systems or electronic health record systems to allow for the segregation of certain patient information from the rest of their medical record.

### **Prevention of Hospital Interference with Patient Care (A.5297 Paulin / S.6616 May)**

There have been reports throughout the United States of pregnant people who went to an emergency department due to experiencing pregnancy complications and were refused medical care, which placed their health, future fertility, and even their life at risk. Particularly in rural areas, there may not be another hospital located within a reasonable distance where maternity patients can go for emergency care. This bill would prohibit hospitals from preventing health care practitioners from providing medically-accurate information, diagnoses, and health care services to patients with pregnancy complications, as well as prohibit hospitals from taking retaliatory, disciplinary, or discriminatory action against health care practitioners for providing such information or services.

### **Ban on State-Funded or State-Sponsored Travel to States with Discriminatory Laws (S.2397 Jackson / A.5785 Burdick)**

The purpose of this legislation is to encourage states to reconsider discriminatory reproductive health care policies. This bill would establish a ban on State-funded or State-sponsored travel to States that have discriminatory laws preventing access to reproductive health services including, but not limited to, limitations on access to abortion after 6 weeks of pregnancy.

### **Prevention of "Virginity Examinations" (S.931 Persaud / A.128 Solages)**

This bill would prevent the performance of examinations on women and girls that purport to ascertain whether an individual has previously had vaginal intercourse. These examinations are not medically indicated and have been associated with adverse psychosocial and physical outcomes. Prohibiting "virginity examinations" will help to protect bodily autonomy and human rights of women and girls.

### **Supporting Breastfeeding and Nursery Access for Incarcerated Parents (A.3483 Rosenthal)**

This legislation would provide an incarcerated parent with the ability to breastfeed their newborn and express breast milk in a comfortable and private area. Additionally, this legislation would allow parents who are incarcerated greater access to prison nursery programs, which have proven to be beneficial to both the newborn and parent.

### **Prohibiting the Use of Restraints on Pregnant People in Custody (A.2155 Rosenthal)**

This legislation expands the 2009 law that prohibited shackling of people during childbirth to also prohibit the use of restraints on incarcerated individuals during labor and on pregnant persons during a custodial interrogation. As recognized by the American College of Obstetricians and Gynecologists and the American Medical Association, no pregnant person should be shackled during labor, delivery or recovery, and this legislation will close existing loopholes.

### **Requiring Informed Consent for Drug Testing Pregnant or Postpartum Patients & Newborns (A.109 Rosenthal)**

This legislation requires medical providers to obtain informed consent before testing or screening a pregnant patient or a newborn for alcohol or drugs, unless such testing is necessary for emergency purposes. The involuntary drug testing of pregnant and perinatal persons has caused many to avoid seeking medical support in childbirth out of fear of their child being taken away or other legal consequences. This legislation will help to preserve the necessary trust between a pregnant or perinatal person and their provider and remove a potential disincentive to seeking care.

### **Abortion Provider Protections against Money Judgements (S.1248 Krueger / A.4231 Paulin)**

This legislation strengthens protections for abortion providers and other New Yorkers by exempting individuals from a money judgement arising from an action in another state for knowingly engaging in conduct that aids or abets the performance or inducement of an abortion.

## **Maternal Health**

### **Requiring Full Review of CON Applications for Changes in Perinatal Services (S.7740-A Webb / A.8205-A McDonald)**

Maternity wards have been closing throughout New York, which may have serious implications for communities, particularly in rural areas where it may be necessary to travel long distances for maternity care. Yet, current law does not require that major changes to maternity care undergo a full review before the Public Health and Health Planning Council (PHHPC). This legislation would require a Full Review of CON applications when hospitals seek approval to add, decertify, or change the method of delivery of maternity services, which will result in a more stringent review of and community input on proposals to change prenatal services.

### **Increasing Accessibility of Hospital and Birth Center Information for Prospective Maternity Patients (S.3610 Webb / A.5576 Sillitti)**

Rates of maternal mortality and morbidity continue to increase, and Black women are three times more likely to die from a pregnancy-related medical issue. This bill would require hospitals and birth centers to provide information about certain safety practices, whether the facility has a community needs assessment plan to reduce racial disparities and address community needs, and about bereavement services to prospective maternity patients. Making this information available will increase transparency and help expectant patients make more informed decisions about where to deliver, particularly minority patients who are at significantly greater risk for maternal mortality and morbidity.

### **Community Doula Expansion Fund Grant Program (S.7779-A Brouk)**

Doulas - community doulas in particular - are trained to provide culturally sensitive pregnancy and childbirth education that helps pregnant people navigate systems to connect to the services and support they need to be healthy. Providing better access to community doula care and support services is a proven way to address maternal morbidity and maternal mental health, and to reduce birth complications for the mother and baby, particularly in vulnerable patient populations, such as pregnant people who have Medicaid. This bill would provide for the creation of a community doula expansion grant program to achieve this goal and to help reduce currently increasing rates of maternal mortality and morbidity.

**Study on Integration of Doula Services and Metrics for Designating Doula Friendly Spaces (S.7780 Brouk)**

Providing improved access to community doula care and support services has proven to help address maternal morbidity and maternal mental health, and to reduce birth complications. Some institutions demonstrate support of the doula's role in its full scope and integrate doulas into the birthing team, which is grounded in policies and practices that facilitate such integration. Implementation challenges related to the NYS Doula Pilot Program and feedback from community doulas have illuminated some aspects of how doulas are welcomed and respected, or not, as participants in birthing delivery teams in health care facilities. This legislation would provide for a study and report on integration of doula services, which would expand state knowledge of this critical issue, and allow our state to develop strategies to more rigorously test and measure outcomes for a statewide doula friendly designation that would be relevant in facilities across the state.

**Medicaid Coverage for Remote Ultrasound Scans and Remote Fetal Non-Stress Tests (S.7690 Webb / A.8168 Paulin)**

There are multiple issues that contribute to our disturbingly high rate of maternal mortality and morbidity, one of which is not obtaining necessary prenatal care. Essential medical care may be inaccessible due to cost barriers, transportation, or an inability to take time off from work for medical appointments. Telemedicine, specifically remote patient monitoring (RPM), enables expectant patients to receive remote ultrasound scans and remote fetal non-stress tests, thereby eliminating some of the barriers to receiving necessary medical care. RPM has been recommended to help reduce rates of maternal mortality and morbidity; yet, because the guidance is ambiguous for providers, this medical technology is underutilized. This legislation would establish in statute that remote ultrasound scans and remote fetal non-stress tests are fully covered by Medicaid.

**Creation of a Pregnancy Mobile Application (S.7700-A Webb / A.8230 Paulin)**

There is an ever-growing dearth in maternity care due to maternity units and birthing hospitals being closed, including facilities that serve many low-income individuals. This problematic trend make it more difficult for women to have access to critical obstetric care. This will would authorize the creation of a mobile application to be made available to birthing individuals who are eligible for Medicaid. This measure would be a positive step in aiding birthing individuals in accessing critical prenatal and postpartum information.

**Maternal Health Care and Birthing Standards Workgroup (S.7702-A Webb / A.8207-A Clark)**

In response to maternity wards closing across New York, the urgency to address increasing rates of maternal mortality and morbidity, and calls to address patient participation in obstetric care, it is critical that New York strengthen the rights of maternity patients to ensure they receive adequate and appropriate medical care. This bill would direct the NYS Department of Health to convene a maternal health and birthing standards workgroup of stakeholders that includes, but is not limited to, hospitals, obstetricians, midwives, doulas, maternal health care provider organizations, and mental health care provider organizations to study, evaluate, and make recommendations related to the development of maternal health care and birthing standards to ensure the highest quality care is received.

## **Sexual Health**

### **Comprehensive Sexuality Education (A.4604 Gonzalez-Rojas)**

This bill requires public and charter schools to provide comprehensive sexuality education (CSE) to students in grades kindergarten through twelve. CSE shall be age appropriate, medically accurate, and inclusive of all students. This bill provides for the NYSED Commissioner in consultation with the NYSDOH Commissioner to develop a sexuality education program, draft regulations, and make recommendations to the Regents. Boards of Education shall establish advisory groups to make recommendations regarding the curriculum, content, and evaluation of sexuality education. A process will be created for parents to opt their children out of sexuality education.

### **Sexual Health Care for Minors (S.762-A Krueger / A.276-B Paulin)**

This bill ensures that minors under the age of eighteen will have access to a full range of sexual health care services, including vaccinations and other preventive care, diagnosis, and treatment without parental knowledge or consent, provided that the minor has the capacity to consent, and provides consent. This bill also updates state law to align with contemporary standards of medical practice by authorizing health care practitioners licensed under title eight of the Education Law, and acting within their scope of practice, to diagnose, treat, prescribe, and provide preventive care of sexually transmissible diseases, including administering immunizations.