

BPCLC

New York State
Bipartisan Pro-Choice Legislative Caucus

2025 BPCLC Legislative Priorities

Protecting and Expanding Access to Reproductive and Sexual Health Care

State Abortion Clinical Training Program (S.1438 Krueger / A.2439 Epstein)

This legislation establishes the New York State Clinical Abortion Training Program Act to address training needs and shortages in abortion providers throughout the state. The training program shall consist of a minimum of four sites across the State and provide training in performing a full range of abortion and related reproductive health care services to Advanced Practice Clinicians (APCs), licensed physicians, and OB/GYN and Family Medicine residents within their scope of practice.

Abortion Access Fund (A.1806 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.

Coverage of Anesthesia for Reproductive Health Care Procedures (S.2164 May / A.10687 Simone – 2024 bill number)

Women in their reproductive years may be subjected to certain reproductive health procedures without receiving local or general anesthesia. Examples include IUD insertion, the loop electrosurgical excision procedure, colposcopy, and ablation. Pain faced by women, and women of color in particular, has been underestimated, minimized, and ignored. One way that this manifests is when anesthesia is considered medically unnecessary, and therefore, optional. This legislation would require health insurance policies to provide coverage for anesthesia that is considered optional, furthering New York's commitment to accessible reproductive health care.

Provisional Licensure for Reproductive Health Care Providers (S.3146 Cooney / A.2452 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 NYS 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.

New York Hospital Transparency Bill (A.733-A Rozic – 2024 bill number / S.3486 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.

Medicaid Coverage of Hospital Stays for Maternity Patients and Newborns (S.940 Sanders / A.5966 Cook – 2024 bill number)

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.2501 Levenberg / S.1088 Ramos)

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.1172 Paulin / S.2533 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.1703 Webb / A.2514 McDonald)

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.1683 Parker / A.1372 Dinowitz)

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-A Gonzalez-Rojas – 2024 bill number / S.2058 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.153 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.

Access to Menstrual Products in Public Buildings (S.9184-A Hinchey – 2024 bill number / A.1740 Rosenthal)

Many people who menstruate have reported missing days of work or school, or being late as a result of unexpected menstruation or an inability to access menstrual products. This bill would work toward achieving menstrual equity in New York by requiring that menstrual products be provided free of charge in state government-owned or operated restrooms.

Protecting Reproductive Rights, Reproductive Health Care Providers, and Patients

Health Data Privacy Protections (S.929 Krueger / A.2141 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.1633 Fernandez / A.2613 Lunsford)

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.1165 Paulin / S.2165 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.

Prescriber Protections (S.36-A Mayer / A. 2145-A Reyes)

Medication abortion has become a lifeline for many individuals who seek abortion services in states that restrict access to care. This bill would build on New York's telehealth shield law by providing further protection to providers who prescribe abortion medication to patients who live in states that restrict access to care. This bill would allow prescribers to request that the dispensing pharmacy include the name of the practice, rather than their name, on the prescription label for abortion medication pills. Additionally, this legislation would allow dispensing physicians to elect to include their practice name, rather than their own name, on abortion medication pill labels.

Tax Credit for Patients and Healthcare Providers Who Must Relocate to New York (S.2402 Hinchey)

The overturning of Roe v. Wade has emboldened anti-abortion states to enact increasingly restrictive and punitive laws that aim to prevent residents from accessing reproductive health care or gender affirming care. This bill would provide for a tax credit for patients, their parents or guardians, and health care providers who must relocate to New York in order to receive or provide reproductive health care or gender affirming care.

Ban on State-Funded or State-Sponsored Travel to States with Discriminatory Laws (S.2127 Jackson / A.3070 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.1283 Persaud / A.1626 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.1607 Rosenthal / S.2666 Salazar)

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.1670 Rosenthal / S.2667 Salazar)

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.

The Maternal Health, Dignity and Consent Act (A.860 Rosenthal / S.845 Salazar)

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.

The Compassion and Reproductive Equity (CARE) Act (A.7630-A Kelles / S.7132-A Salazar – 2024 bill numbers)

Incarceration is detrimental to the health, mental health, and well-being of individuals and families, pregnant individuals and their children in particular. This legislation would institute a comprehensive human rights based statutory policy that establishes the rights of incarcerated birthing people to receive comprehensive and uninterrupted access to prenatal, perinatal, and postnatal care and resources during their incarceration in order to protect their and their children's health, safety, and human rights. The CARE Act would support incarcerated birthing people in bonding and developing healthy relationships with their children at a critical time of human development.

Abortion Provider Protections against Money Judgements (S.1995 Krueger / A.905 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 – 2024 bill number / A.2454 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.

Study on Integration of Doula Services and Metrics for Designating Doula Friendly Spaces (S.7780-A Brouk / A.9035-A Bichotte Hermelyn – 2024 bill numbers)

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.

Creation of a Pregnancy Mobile Application (S.7700-A Webb – 2024 bill number / A.1341 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 makes it more difficult for women to have access to critical obstetric care. This bill 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.

Community Doula Expansion Fund Grant Program (S.7779-A Brouk / A.9026 Solages – 2024 bill numbers)

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.

Sexual Health

Comprehensive Sexuality Education (A.4604 Gonzalez-Rojas – 2024 bill number)

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.653 Krueger / A.276-B Paulin – 2024 bill number)

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.