

BPCLC

New York State
Bipartisan Pro-Choice Legislative Caucus

2025 BPCLC Legislative Priorities – Short List

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.

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.

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.

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.