

BPCLC

New York State
Bipartisan Pro-Choice Legislative Caucus

2026 BPCLC Legislative Priorities

Protecting Reproductive Rights, Reproductive Health Care Providers, and Patients

Health Information Privacy Act (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-A 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.

Enhanced Prescriber and Patient Protections (S.8656-A Mayer)

States with abortion bans are escalating their efforts to prosecute telehealth medication abortion providers in New York and other access states for providing safe and effective medication abortion services to individuals who are unable to travel out of state for care. This legislation would strengthen and expand current prescriber shield protections by allowing pharmacists and individuals dispensing abortion medication to exclude their name and address, the name and address of the patient, and the name and address of the pharmacy, if applicable, from the prescription label.

Safeguarding Automatic License Plate Reader Information (S.7713 Krueger/A.8779 Rozic)

Since the Dobbs decision, more individuals have been forced to drive out of state to obtain abortion care. Automated license plate readers (ALPRs) capture driver information, including the license plate number and the car being driven, as well as the day, time, and location. Photographs of the driver and any passengers may also be taken. Law enforcement agencies in states with abortion bans are utilizing ALPR data to investigate and enforce anti-abortion laws. This legislation would prohibit ALPR users from selling, sharing, allowing access to, or transferring ALPR information collected in New York to any state or local jurisdiction for the purpose of investigating or enforcing a law that denies or interferes with a person's right to choose or obtain reproductive health care services or any lawful health care services.

Strengthening Reproductive Health Clinic Safety (A.3117 Rosenthal)

The National Abortion Federation's 2023/2024 Violence & Disruption report found that there has been sustained and consistent violence and harassment targeting abortion clinics, including in New York. This legislation would expand the protections afforded to reproductive health clinics in New York by prohibiting prominent forms of harassment such as excessive noise, releasing noxious odors, and repeated phone calls. Expanding these protections would help to reduce the harassment and intimidation that patients and providers experience, and help to ensure access to reproductive health care in a safe environment.

Ensuring Safe Access to Reproductive Health Care Facilities and Providers (A.9227 Lasher/S.8713 Hinchey)

Ensuring safe access to reproductive health care facilities and their providers is critical to securing reproductive freedom. This bill would strengthen current protections for providers, patients, and helpers by covering legally protected reproductive health activities, including telehealth and telemedicine provisions of care, while maintaining the requirement that providers be licensed practitioners present in New York State. Penalties for criminal interference with health care services or religious worship are increased to strengthen deterrence against those who might seek to interfere with the provision of reproductive health services or with religious worship.

Limited Services Pregnancy Centers Disclosure (A.4338 Glick)

Limited services pregnancy centers are known to offer pregnancy testing and ultrasounds at no charge; however, these facilities may not have a licensed medical provider on staff who provides or supervises reproductive health services at the center. It is critically important that individuals seeking a pregnancy test or ultrasound receive timely and accurate information regarding their pregnancy status for purposes of obtaining prenatal care, taking emergency contraception, or having an abortion. This legislation would require limited services pregnancy centers to disclose in writing and orally to clients that they do not have a licensed medical provider on staff who provides or supervises reproductive health services, as well as provide for reporting and issuing penalties for violations.

Requiring Consumer Notice on Limited Services Pregnancy Center Listings (A.1547 Simon)

Requires search engines such as Google, Yahoo or Bing to include a notice to users when searching limited services pregnancy center listings that such centers provide limited medical and abortion care and may not have medical professionals onsite; requires social media networks such as Facebook, YouTube, Twitter, Instagram, Snapchat, Tumblr and Flickr to include such consumer notice on any posts or advertisements by such centers.

Protecting Individuals from Professional Misconduct in Unregulated Pregnancy Centers (S.8709 Hinchey)

Unregulated pregnancy centers (UPCs), also known as limited services pregnancy centers, may provide pregnancy testing, STI testing, ultrasounds, or pregnancy counseling, but they do not provide or refer for a full range of reproductive health care services, and they aim to hinder people from having an abortion and using contraception. Because UPCs are not licensed medical facilities, they are able to get away with providing false or misleading information about their facility, their staff or volunteers, HIPAA protections, the services they provide, and the client or patient's options and rights. This bill would help to protect individuals who seek reproductive health care services, by clarifying that certain misrepresentations made by licensed health care professionals, such as representing a facility as HIPAA-compliant when it is not, constitute professional misconduct.

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.

Protecting and Expanding Access to Reproductive and Sexual Health Care

State Abortion Clinical Training Program (S.1438-A Krueger)

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.

New York Hospital Transparency Act (S.3486 Hinchey/A.3862 Rozic)

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.

Comprehensive Sexual and Reproductive Health Program (S.5981 Fernandez/A.6571 Rozic)

Access to affordable comprehensive sexual and reproductive health care is essential to the physical, emotional, and economic well-being of our communities. This legislation would enable New York to continue making sexual and reproductive health care services available to those in need, as well as address any reductions or limitations in federal funding and support the provision of primary and preventive sexual and reproductive health care services, such as contraception, well-person exams, and testing and treatment for STIs, which are critical to the health and wellbeing of New Yorkers.

Student Onboarding on Reproductive Health Services (A.3175 Rosenthal/S.6752 Webb)

This legislation would require that colleges and universities in New York State provide information to students during orientation about the reproductive health services that are available to them, and their right to access those services. Institutions would also be directed to adopt an ongoing campaign to educate members of their community on the right to and availability of reproductive health services in the state.

Increasing Abortion Medication Accessibility (A.1172-A Paulin/S.2533-A 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.

Authorizing Pharmacists to Prescribe and Dispense Abortion Medication (A.9119 Paulin/S.8593 Krueger)

This bill would increase access to medication abortion by permitting licensed pharmacists to prescribe and order certain medications for the purposes of inducing abortion or expelling a miscarriage after the completion of a risk assessment questionnaire and delivering a factsheet to the person to whom the medication is being disbursed.

Preserving Access to Safe and Effective Abortion Medication (S.8544 Hinchey/A.9217 Paulin)

For over two decades, research and practice have demonstrated that mifepristone is safe and effective. Yet, in 2025, the Department of Health and Human Services announced that the FDA would conduct a review of the safety and efficacy of this medication, pointing to one unpublished, non-peer-reviewed paper that presents flawed methodology and skewed findings as the basis for the review. This could lead to labeling changes that would render existing product illegal to prescribe or dispense under State law. This legislation would ensure that New York-licensed providers may continue prescribing and dispensing existing abortion medication that is recommended for the purpose for which it was prescribed under WHO guidelines, provided that the label was accurate at the time of production, without fear of criminal or professional consequence if the FDA rescinds its approval, which will protect patient access to safe and effective abortion medication.

Safeguarding Reproductive Care Act (A.9276 Rosenthal)

This legislation would direct the Commissioner of the New York State Department of Health to establish a stockpile of mifepristone and misoprostol. New York State's current stockpile of mifepristone created in the aftermath of federal attacks has since expired, but the need to preserve reproductive health services remains. By stockpiling both mifepristone and misoprostol in five-year batches, New York State will be able to provide safe and effective reproductive treatments to New Yorkers, regardless of attacks from the federal government.

Authorization of Pharmacists to Administer Injectable Contraception (A.2514 McDonald/S.1703 Webb)

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.

Authorization of Pharmacists to Administer Reversible Progestin-Only Contraceptive Injections (A.8664 McDonald/S.8364 Webb)

This bill would allow pharmacists to administer these injections, pursuant to a patient specific prescription or order, allowing women to receive their hormonal injection at their local pharmacy. Pharmacies are convenient locations for accessing birth control given their prevalence in communities and their flexible hours. This legislation improves access for marginalized communities of young people, rural communities, and other individuals who have historically experienced barriers to reproductive and contraceptive care.

Insurance Coverage for Pharmacist-Provided Birth Control Services (S.8869 Skoufis/A.9519 McDonald)

Access to contraceptive services is essential to women's health and equality, and all New Yorkers, regardless of their economic status, should be empowered to protect their health, engage in family planning, and plan their future by having ready access to contraception. This bill would require state-regulated private insurance carriers to reimburse pharmacist-provided birth control services, enabling more pharmacists to provide contraceptive services and helping to decrease contraceptive deserts in New York.

Public University Emergency Contraception Act (A.1372-B Dinowitz/S.1683 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 (S.2058 Webb/A.9175 González-Rojas)

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.

Improving Reproductive and Sexual Health

Total Access to Menstrual Products (TAMP) Act (A.153 Rosenthal)

The purpose of this legislation is to require that 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 (A.1740-A Rosenthal/S.3866-B Hinchey)

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.

Access to Menstrual Products in Drop-In Centers, Intake Shelters, and Emergency Congregate Housing (A.5420 Forrest/S.8498 Cleare)

Many individuals living in shelters or temporary housing face financial hardships that make it difficult to afford basic hygiene products. This bill would increase access to menstrual products, including sanitary napkins, tampons, and panty liners by requiring that such products be provided at no cost in drop-in centers, intake shelters, and emergency congregate housing.

Requiring a DOH Pamphlet on the LPM Surgery Technique (S.3193 Persaud/A.7897 Buttenschon)

Uterine fibroids are noncancerous growths of muscle and tissue that may impact reproductive and sexual health. One treatment option for this common condition is Laparoscopic power myomectomy (LPM) surgery, which is a procedure that removes fibroids. Although LPM surgery is minimally invasive, the FDA has flagged that uterine sarcoma, a type of cancer, is more prevalent in women who are having fibroids removed than was previously known. If a patient has unsuspected uterine sarcoma, there is increased risk of LPM surgery spreading cancer cells within the abdomen and pelvis. This legislation would aim to minimize the potential danger of LPM surgery by directing the NYS Department of Health to create an informational pamphlet with information about the technique, risks involved, and alternative treatment options. Patients would also be required to undergo cancer screening.

Improving Maternal Health

New York Dignity in Pregnancy and Childbirth Act (A.4018 Forrest/S.6983 Brisport)

Implicit racial bias training is critical for health care workers who provide pregnancy and delivery services due to the potential for implicit racial biases to impact quality of care. For example, such biases could cause a provider to unintentionally under-assess a patient's level of pain or dismiss their concerns based on the patient's racial or ethnic identity. For women of color, Black women in particular, the mortality rate is over three times higher than the rate for Caucasian women. This legislation would help to reduce rates of maternal mortality and morbidity for women of color by requiring hospitals and other health care facilities that provide prenatal care to implement evidence-based implicit bias training programs and to inform patients of their rights.

C-Section Informed Consent (S.7879 Salazar/A.1039 Paulin)

Delivery via Cesarean section is recommended for pregnant people with certain medical conditions; however, this procedure carries short- and long-term health risks for maternal and infant health, and may cause complications in future pregnancies. Furthermore, as described in the NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes March 2019 report, high rates of maternal mortality are caused in part by the high rate of C-section deliveries in the state. As part of providing C-section informed consent, it is important that pregnant people understand key information about the risks and future implications. This bill would require maternal health care providers to supply each maternity patient who plans to have a C-section, or who had an unplanned C-section, with standardized written information on the risks of delivering by C-section, as well as implications for future pregnancies.

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.

Midwifery Licensing Bill (S.5542 Salazar/A.1125 Paulin)

New York is experiencing deeply troubling rates of maternal mortality and morbidity. National evidence shows that when midwives are integrated in a state's health care system, outcomes improve for birthing parents and infants. An increasing number of birthing parents seek alternatives to hospital birth, but that can be difficult in "maternal care deserts." Currently, the state licenses nurse-midwives and midwives, both of which involve extensive education and training in hospital settings. Certified professional midwives (CPMs), on the other hand, specialize in community birth, including in homes and birth centers, and are recognized in 34 states. This legislation would establish the profession of certified professional midwifery and authorize certified professional midwives to practice in New York. This would help to address birth equity, birth justice, and an individual's right to choose the care that is most appropriate for them.

Medicaid Coverage of Hospital Stays for Maternity Patients and Newborns (S.940

Sanders/A.7681 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.

Prohibiting the Use of Restraints on Pregnant People in Custody (A.1670 Rosenthal/S.2667-A 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 Compassion and Reproductive Equity (CARE) Act (A.4879-A Kelles/S.4583-A Salazar)

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.

Supporting Breastfeeding and Nursery Access for Incarcerated Parents (A.1607-A Rosenthal/S.2666-A 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.

Creating an Online Directory of Publicly Accessible Lactation Rooms in State-Owned Buildings (S.8542 Webb)

According to the 2025 Department of Health's report on Breastfeeding Disparities, many mothers do not breastfeed in public due to the stress, shame, guilt, and embarrassment of public exposure. It is important to support breastfeeding success, as it is beneficial for infant health, as well as for reproductive and maternal health. This legislation would require the Department of Health, in conjunction with other state agencies, to establish and maintain a webpage that lists lactation spaces located in publicly accessible state-owned or leased buildings, which would improve access to private space for feeding or pumping.

Private Lactation Rooms in the Workplace (A.3998 Forrest/S.8667 Cleare)

Breastfeeding is a crucial aspect of maternal, reproductive, and child health, recognized for reducing the risk of post-partum hemorrhage, pre-menopausal breast cancer, and ovarian cancer, as well as improved infant immunity. This bill would help mothers continue to breastfeed when they return to work by setting clearer standards in state law for what constitutes an appropriate lactation space in the workplace and requiring employers to provide a written policy that is actively communicated.

Signage and Access to Lactation Rooms in Public Buildings (A.5361 Forrest/S.8652 Cleare)

This legislation would support breastfeeding mothers by improving access to lactation rooms in public buildings, enhancing the definition of lactation rooms, ensuring these rooms meet basic standards, requiring clear signage, and requiring that a directory of lactation rooms be maintained and posted on the website of the Office of General Services.

Public Access to Employer-Designated Lactation Rooms (A.2100 Forrest)

This bill would encourage breastfeeding success by supporting mothers who need to breastfeed or express milk in public, but who are not within a reasonable distance of a public building with a lactation room. Employers who have a designated lactation room for employees would be required to make it available to nursing mothers, provided certain conditions are met.

Requiring Disclosure Concerning Non-Invasive Prenatal Screening (S.11 Skoufis/A.44 Paulin)

Prenatal screening helps to provide knowledge that empowers patients to make informed decisions about their pregnancies. It has been reported, however, that testing companies are not providing health care providers and patients with relevant information on the high rate of false positive outcomes when testing for statistically rare developmental conditions – in some cases as high as 85-90%, yet on product brochures and test result sheets, testing companies describe test results as near certain in accuracy. This bill would require testing companies to provide information about the use and limitations of such tests, and that a positive result should be followed by confirmatory diagnostic testing.

Insurance Coverage for Postpartum Pelvic Floor Physical Therapy (S.4917-A Scarcella-Spanton/A.8144-A Paulin)

Women may experience a weak pelvic floor after childbirth, which could affect bladder control, sexual comfort, and other issues. Pelvic floor physical therapy can treat these issues, but the current standard of maternity care does not include this treatment. This legislation would ensure that new mothers who experience a weak pelvic floor receive the treatment they need by requiring maternity care coverage to include postpartum pelvic floor therapy.