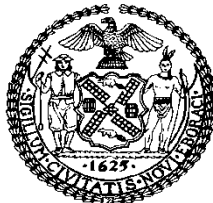


Committee on Women:

Brenda McKinney, *Counsel*  
Chloë Rivera, *Policy Analyst*  
Daniel Kroop, *Finance Analyst*



**THE COUNCIL OF THE CITY OF NEW YORK**

**BRIEFING PAPER AND COMMITTEE REPORT OF**  
**THE HUMAN SERVICES DIVISION**

Jeffrey Baker, Legislative Director  
Andrea Vazquez, Deputy Director, Human Services Division

**COMMITTEE ON WOMEN**

Hon. Helen Rosenthal, Chair

**October 15, 2018**

**PROPOSED INT. NO. 878-A** By Council Members Cornegy, Cumbo, Koslowitz, Powers, Rivera, Ayala, Constantinides, Kallos, Rosenthal, Ampry-Samuel, Lander, and Adams

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to requiring lactation rooms in certain city spaces

**ADMINISTRATIVE CODE:** Amends section 17-199.1

**PROPOSED INT. NO. 879-A** By Council Members Cumbo, Cornegy, Rosenthal, Chin, Rivera, Rose, Ayala, Ampry-Samuel, Koslowitz, Cabrera, Constantinides, Kallos, Lander, and Adams

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to requiring certain employers to provide lactation rooms

**ADMINISTRATIVE CODE:** Amends section 8-102

**PROPOSED INT. NO. 905-A** By Council Members Rivera, Cumbo, Powers, Ayala, Cabrera, Constantinides, Kallos, Rosenthal, Ampry-Samuel, Lander, and Adams

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to requiring employers to implement a lactation room accommodation policy

**ADMINISTRATIVE CODE:** Amends section 8-107

**PROPOSED INT. NO. 913-A:** By Council Members Rosenthal, Ampry-Samuel, Cumbo, Rivera, Chin, Levin, Levine, Ayala, Lander, Cohen, Rose, Kallos, Richards, Brannan, Reynoso, Menchaca, Williams, Powers, Perkins, Adams, and Constantinides

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to access to doulas

**ADMINISTRATIVE CODE:** Adds new section 17-199.10

**INTRODUCTION NO. 914-A** By Council Members Rosenthal, Cumbo, Rivera, Chin, Ampry-Samuel, Levine, Ayala, Levin, Lander, Cohen, Kallos, Constantinides, and Adams

**TITLE:** A Local Law to amend the administrative code of the city of New York, in relation to reporting on maternal mortality and morbidity

**ADMINISTRATIVE CODE:** Amends section 17-199.3; Adds new section 17-199.3.1

## **I. INTRODUCTION**

On Monday, October 15, 2018, the Committee on Women, chaired by Council Member Helen K. Rosenthal, will consider a package of bills to empower parents: Proposed Int. No. 878-A, in relation to requiring lactation rooms in certain city spaces; Proposed Int. No. 879-A, , in relation to requiring certain employers to provide lactation spaces; Proposed Int. No. 905-A, in relation to requiring employers to implement a lactation accommodation policy; Proposed Int. No.

913-A, in relation to access to doulas; and Proposed Int. No. 914-A, in relation to reporting on maternal mortality and morbidity. This will be the second hearing on the bills.

The first hearing on Preconsidered Int. Nos. 878, 879, and 905 was held on June 19, 2018, as a joint oversight hearing with the Committee on Governmental Operations, chaired by Council Member Fernando Cabrera, to consider legislation related to parenting. The first hearing on Preconsidered Int. Nos. 913 and 914, was a joint oversight hearing with the Committee on Health, chaired by Council Member Mark Levine, and examined maternal mortality in New York City (NYC). At both hearings, the Committees sought information on policies and procedures that affect pregnant persons and parents at NYC agencies, hospitals, and in the private sector, considering these five bills, in addition to several others before the Committee on Governmental Operations. The Committees also explored best practices and model policies for supporting pregnant persons and parents in NYC.

Those invited to testify included representatives from the Department of Health and Mental Hygiene (DOHMH), the Department of Citywide Administrative Services (DCAS), Department of Social Services (DSS), Department of Human Resources (HRA), Administration of Child Services (ACS), Department of Education (DOE), Department of Corrections (DOC), New York Police Department (NYPD), as well as advocacy groups, hospitals, medical training programs, doula organizations, labor unions, and other stakeholders and interested parties.

## **II. PROPOSED INT. NO. 878-A**

Proposed Int. No. 878-A would require lactation rooms be made available in police precincts and City jail facilities accepting visitors. The legislation would further require that where a lactation room was not practicable, the police department or jail would provide an explanation to the Council for why it is not practicable to provide a room by August 1, 2019, disaggregated by

building, and also annually provide information on any plans to improve access or provide for lactation rooms.

Section two of Proposed Int. No. 878-A establishes that the local law would take effect 90 days after it becomes law.

Since introduction, Proposed Int. No. 878-A was amended to update the definition of lactation room so that it is streamlined with other legislation on lactation rooms, clarified that the bill would only pertain to police precincts and city jails that allow visitors, and it also added a reporting requirement for those locations where it would not be practicable to provide a lactation room to gain information on the issues related to providing a room and plans to address those issues in the future.

### **III. PROPOSED INT. NO. 879-A**

Proposed Int. No. 879-A would require employers in the City with more than 15 employees to provide lactation spaces, as well as refrigerators in reasonable proximity to work areas for the purposes of storing breast milk, with certain exceptions such as where the employer shows undue hardship in providing the accommodation or where employers can share a space.

Section two of Proposed Int. No. 879-A would establishes that the local law would take effect 120 days after it becomes law.

Since introduction, Proposed Int. 879-A was amended to streamline the definition of lactation room and clarify the language around the undue hardship exception, including with regard to the employer engaging in a cooperative dialogue, as required by subdivision 28 of the same section, where relevant.

#### **IV. PROPOSED INT. NO. 905-A**

Proposed Int. No. 905-A would require employers to establish policies describing lactation accommodations and the process by which an employee can request such accommodation, to be distributed to all new employees. It would also require the City Commission on Human Rights, in coordination with the DOHMH, to establish and make available a model lactation accommodation policy. There would also be a records retention requirement for employers.

Section two of Proposed Int. No. 905-A establishes that the local law would go into effect on the same date as Proposed Int. 879-A, takes effect, except that the commission on human rights shall take such measures as necessary for this implementation of this local law, including the promulgation of rules, before such date.

Since introduction, Proposed Int. 905-A was amended to streamline the definition of lactation room, remove the record retention requirement to streamline this section more fully with the rest of the Human Rights Law and this section of the code, and to clarify the process around the undue hardship exception.

#### **V. PROPOSED INT. NO. 913-A**

Section one of Proposed Int. 913-A adds a new administrative code section 17-199.10 that would define a doula as a trained person who provides continuous physical, emotional, and informational support to a pregnant person and the family before, during or shortly after childbirth, for the purpose of assisting a pregnant person through the birth experience; or a trained person who supports the family of a newborn during the first days and weeks after childbirth, providing evidence-based information, practical help, and advice to the family on newborn care, self-care, and nurturing of the new family unit.

Proposed Int. 913-A would require that DOHMH submit a plan to increase access to doulas for pregnant people in the city, which includes relevant timelines and strategies. It would provide several factors that the department could consider, and would additionally require the department to annually report on known city and community-based programs that provide doula services, including whether such programs offer training for doulas, areas or populations within the city in which residents experience disproportionately high rates of maternal mortality, infant mortality, and other poor birth outcomes, and any updated information regarding the plan to increase access.

Section two of Proposed Int. 913-A establishes that this local law would take effect immediately.

Since introduction, Proposed Int. 913-A was amended to expand the definition of a doula, to recognize that not all of the data to be considered is readily available, and to add several reporting requirements that reflect those factors that are known.

## **VI. PROPOSED INT. NO. 914-A**

Section one of Proposed Int. 914-A amends administrative code section 17-199.3 to expand upon the annual report on maternal mortality and morbidity required pursuant to Local Law 55 of 2017. The legislation would expand upon the definitions provided in the report and require that DOHMH submit to the Speaker of the Council and publish in a machine-readable format the most recent calendar year data available regarding maternal mortality and mortality in the city in three reports. Pursuant to Proposed Int. 914-A, the first annual report would be due September 30, 2019 and no later than September 30 annually, and to the extent such data is available to the department, include the total number of live births; and the total number of maternal mortalities, disaggregated by information about the pregnant person or mother where such disaggregated data is available, including race or ethnicity, borough of residence and the most frequent causes of maternal

mortality; and whether the death was pregnancy-associated or pregnancy-related. The legislation requires that the second report annually reports on the total number of severe maternal morbidities, disaggregated by information about the pregnant person or mother, where such disaggregated data is available and statistically reliable, including race or ethnicity, education, borough of residence, whether such person was born domestically or abroad, age, insurance status, trimester of prenatal care entry, preexisting health conditions, whether such person worked during pregnancy, whether such person had any previous miscarriages or still births, and whether the pregnancy resulted in the first live birth for such person. Under the legislation, this report also includes the maternal mortality ratio, disaggregated by race or ethnicity and borough of residence where available and statistically reliable and recommendations on how to reduce maternal mortality and enhance cooperation among city agencies to improve maternal health, particularly those agencies that have a mandate related to maternal health, including but not limited to the commission on gender equity.

Finally, Proposed Int. 914-A requires that by September 30, 2019, and every five years thereafter, the department submits to the Speaker and publishes in a machine readable format, additional information on maternal mortality. Data submitted would not jeopardize the confidentiality of the pregnant person, but includes factors such as age, education, and whether the maternal mortality occurred in a hospital or inpatient setting, emergency room or outpatient setting, at home, or in another location.

Section two of Proposed Int. 914-A adds a new section 17-199.3.1 to require the creation of a maternal mortality and morbidity review committee (M3RC). The legislation would require that the M3RC study the nature and extent of maternal mortality and the clinical factors and social determinants of health and that the committee represent a multi-disciplinary panel of representatives, including but not limited to representatives from various healthcare facilities,

community based organizations with relevant experience, the doula community, researchers with relevant experience, and first responders. Additionally, Section 17-199.3 would require the DOHMH to post and update as necessary on its website a list of the disciplines represented on the M3RC and consult with the M3RC on any reports made pursuant to section 17-199.3.

Section three of Proposed Int. 914-A establishes that the local law would take effect immediately.

Since introduction, the title of Proposed Int. 914-A was updated to reflect a focus on maternal mortality and morbidity. The legislation was amended to define additional terms, reflect additional reporting categories, and to break the annual report into separate three reports to reflect available data and with consideration for data privacy. The three reports include: an annual report on maternal mortality that would include recommendations, an annual report on severe maternal mortality that would include recommendations, and a five-year report on maternal mortality.



Proposed Int. No. 878-A

By Council Members Cornegy, Cumbo, Koslowitz, Powers, Rivera, Ayala, Constantinides, Kallos, Rosenthal, Ampry- Samuel, Lander, and Adams

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring lactation rooms in certain city spaces

Be it enacted by the Council as follows:

1           Section 1. Section 17-199.1 of the administrative code of the city of New York, as added  
2 by local law number 94 for the year 2016, is amended to read as follows:

3           a. Definitions. For the purposes of this section, “lactation room” means a sanitary place [that  
4 is not], other than a restroom, that can be used to [breastfeed or] express breast milk [in private, and  
5 which includes an electrical outlet, a chair, and nearby access to running water] shielded from view  
6 and free from intrusion and that includes at minimum an electrical outlet, a chair, a surface on which  
7 to place a breast pump and other personal items, and nearby access to running water.

8           b. Every job center, SNAP center, or medical assistance program center of the department of  
9 social services/human resources administration; city-owned borough office of the administration for  
10 children’s services and the Nicholas Scoppetta children’s center; and health center operated or  
11 maintained by the department shall, where practicable, make at least one lactation room available  
12 upon request to an individual utilizing on-site services. The presence of such a lactation room shall  
13 not [abrogate] affect such an individual’s right to breastfeed in public pursuant to article 7 of the civil  
14 rights law.

15           c. Every city jail operated by the department of correction that accepts visitors and precinct  
16 operated by the police department shall, where practicable in a publicly-accessible and non-secure  
17 area, and provided that the functions of the department of correction or police department will not be

1 materially affected, make at least one lactation room available upon request to an individual utilizing  
2 on-site services. The department of correction and the police department shall submit to the speaker  
3 of the council (i) on or before August 1, 2019, a report in a machine-readable format providing each  
4 such city jail and precinct where such department has determined that it is not practicable to make a  
5 lactation room available in accordance with this subdivision, along with an explanation for why it is  
6 not practicable, disaggregated by building, and (ii) on or before every August 1 thereafter, information  
7 regarding any plans to improve access to or provide for lactation rooms. The presence of such a  
8 lactation room shall not affect such an individual's right to breastfeed in public pursuant to article 7  
9 of the civil rights law.

10 [c.] d. The department shall create a poster containing information on breast-feeding, an  
11 individual's right to nurse in public, and the availability of lactation rooms pursuant to this section.  
12 Such poster shall be made available on the department's website, shall be displayed in any lactation  
13 room required to be made available pursuant to this section, and shall be displayed in a clear and  
14 conspicuous manner in the waiting room of any public space where a lactation room is required to be  
15 made available pursuant to this section. No later than one year after the effective date of the local law  
16 adding this subdivision, the department shall create a list of all locations with lactation rooms available  
17 pursuant to this section. Such list shall be made available on the department's website.

18 [d.] e. The department of education shall submit to the speaker of the city council on or before  
19 August 1, 2017, and on or before every August 1 thereafter, a report summarizing the policies at New  
20 York city public schools to allow a student or the parent or guardian of a student access to a lactation  
21 room upon request. Such report shall indicate how information regarding such policies was  
22 communicated to students, parents and guardians during the previous school year.

1 [e.] f. The department may promulgate rules to implement the provisions of this section  
2 including, but not limited to, establishing training programs for staff working at locations required to  
3 make a lactation room available pursuant to subdivision b, and providing guidelines concerning the  
4 location of a lactation room.

5 § 2. This local law takes effect 90 days after it becomes law.

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LS #3624  
10/9/18 8:00 pm

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Proposed Int. No. 879-A

By Council Members Cumbo, Cornegy, Rosenthal, Chin, Rivera, Rose, Ayala, Ampry-Samuel, Koslowitz, Cabrera, Constantinides, Kallos, Lander, and Adams

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring certain employers to provide lactation rooms

Be it enacted by the Council as follows:

1           Section 1. Section 8-102 of the administrative code of the city of New York is amended by  
2 adding a new definition of “lactation room” in alphabetical order to read as follows:

3           Lactation room. The term "lactation room" means a sanitary place, other than a restroom,  
4 that can be used to express breast milk shielded from view and free from intrusion and that includes  
5 at minimum an electrical outlet, a chair, a surface on which to place a breast pump and other  
6 personal items, and nearby access to running water.

7           § 2. Paragraphs (b) and (c) of subdivision 22 of section 8-107 of the administrative code of  
8 the city of New York are relettered, respectively, as paragraphs (d) and (e), and a new paragraph  
9 (b) is added to such subdivision to read as follows:

10           (b) Employer lactation accommodation.

11           (i) Except as provided in subparagraph (iii) of this paragraph, employers shall provide the  
12 following to accommodate an employee needing to express breast milk: (1) a lactation room in  
13 reasonable proximity to such employee’s work area; and (2) a refrigerator suitable for breast milk  
14 storage in reasonable proximity to such employee’s work area.

15           (ii) If a room designated by an employer to serve as a lactation room is also used for another  
16 purpose, the sole function of the room shall be as a lactation room while an employee is using the  
17 room to express breast milk. When an employee is using the room to express milk, the employer

1 shall provide notice to other employees that the room is given preference for use as a lactation  
2 room.

3 (iii) Should the provision of a lactation room as required by this paragraph pose an undue  
4 hardship on an employer, the employer shall engage in a cooperative dialogue, as required by  
5 subdivision 28 of this section.

6 (iv) The presence of a lactation room pursuant to this subdivision shall not affect an  
7 individual's right to breastfeed in public pursuant to article 7 of the civil rights law.

8 § 3. This local law takes effect 120 days after it becomes law, except that the commission  
9 on human rights shall take such measures as necessary for this implementation of this local law,  
10 including the promulgation of rules, before such date.

AB / BM  
LS #1012  
10/9/18 8:00 pm

Proposed Int. No. 905-A

By Council Members Rivera, Cumbo, Powers, Ayala, Cabrera, Constantinides, Kallos, Rosenthal, Ampry- Samuel, Lander, and Adams

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to requiring employers to implement a lactation room accommodation policy

Be it enacted by the Council as follows:

Section 1. Subdivision 22 of section 8-107 of the administrative code of the city of New York is amended by adding a new paragraph (c) to read as follows:

(c) Employer lactation room accommodation policy.

(i) An employer shall develop and implement a written policy regarding the provision of a lactation room, which shall be distributed to all employees upon hiring. The policy shall include a statement that employees have a right to request a lactation room, and identify a process by which employees may request a lactation room. This process shall:

(1) Specify the means by which an employee may submit a request for a lactation room;

(2) Require that the employer respond to a request for a lactation room within a reasonable amount of time not to exceed five business days;

(3) Provide a procedure to follow when two or more individuals need to use the lactation room at the same time, including contact information for any follow up required;

(4) State that the employer shall provide reasonable break time for an employee to express breast milk pursuant to section 206-c of the labor law; and

(5) State that if the request for a lactation room poses an undue hardship on the employer, the employer shall engage in a cooperative dialogue, as required by subdivision 28 of this section.

(ii) The commission shall, in collaboration with the department of health and mental hygiene, develop a model lactation room accommodation policy that conforms to the requirements

of this subdivision and a model lactation room request form. The commission shall make such model policy and request form available on its website.

(iii) The existence of a lactation room accommodation policy pursuant to this subdivision shall not affect an individual's right to breastfeed in public pursuant to article 7 of the civil rights law.

§ 2. This local law takes effect on the same date as a local law amending the administrative code of the city of New York, relating to requiring certain employers to provide lactation rooms, as proposed in introduction number 879-A for the year 2018, takes effect, except that the commission on human rights shall take such measures as necessary for this implementation of this local law, including the promulgation of rules, before such date.

AB / BM  
LS #6752  
10/9/18 8:00 p.m.



Proposed Int. No. 913-A

By Council Members Rosenthal, Ampry-Samuel, Cumbo, Rivera, Chin, Levin, Levine, Ayala, Lander, Cohen, Rose, Kallos, Richards, Brannan, Reynoso, Menchaca, Williams, Powers, Perkins, Adams, and Constantinides

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to access to doulas

Be it enacted by the Council as follows:

1 Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is  
2 amended by adding a new section 17-199.10 to read as follows:

3 § 17-199.10 Doulas. a. Definitions. For the purposes of this section, “doula” means a  
4 trained person who provides continuous physical, emotional, and informational support to a  
5 pregnant person and the family before, during or shortly after childbirth, for the purpose of  
6 assisting a pregnant person through the birth experience; or a trained person who supports the  
7 family of a newborn during the first days and weeks after childbirth, providing evidence-based  
8 information, practical help, and advice to the family on newborn care, self-care, and nurturing of  
9 the new family unit.

10 b. No later than June 30, 2019, the department shall submit to the speaker of the council  
11 and post on its website a plan to increase access to doulas for pregnant people in the city, including  
12 relevant timelines and strategies. In developing such plan, the department shall assess data  
13 regarding the needs of pregnant people and may consider the following factors:

14 1. The demand for doulas in the city;

15 2. The number of doulas in the city and any appropriate qualifications;

16 3. Existing city and community-based programs that provide doula services, including  
17 whether such programs offer training for doulas;

1           4. The availability of doula services that are low-cost, affordable, or free to the mother or  
2 pregnant person;

3           5. Areas or populations within the city in which residents experience disproportionately  
4 low access to doulas;

5           6. Areas or populations within the city in which residents experience disproportionately  
6 high rates of maternal mortality, cesarean birth, infant mortality, and other poor birth outcomes;

7           7. The average cost of doula services, and whether such services may be covered by an  
8 existing health plan or benefit; and

9           8. Any other information on the use of doulas and benefits associated with the use of doulas.

10          Such plan shall additionally list the factors considered in development of the plan.

11          c. No later than June 30, 2019, and on or before June 30 every year thereafter, the  
12 department shall submit to the speaker of the council and post on its website a report on the  
13 following information:

14           1. Known city and community-based programs that provide doula services, including  
15 whether such programs offer training for doulas;

16           2. Areas or populations within the city in which residents experience disproportionately  
17 high rates of maternal mortality, infant mortality, and other poor birth outcomes; and

18           3. Any updated information regarding implementation of the plan required by subdivision  
19 b of this section since the prior annual report.

20          § 2. This local law takes effect immediately.

APB / BM  
LS #6547  
10/9/18 9:00 PM

Proposed Int. No. 914-A

By Council Members Rosenthal, Cumbo, Rivera, Chin, Ampry-Samuel, Levine, Ayala, Levin, Lander, Cohen, Kallos, Constantinides, and Adams

A LOCAL LAW

To amend the administrative code of the city of New York, in relation to reporting on maternal mortality and morbidity

Be it enacted by the Council as follows:

1           Section 1. Section 17-199.3 of the administrative code of the city of New York, as added  
2 by local law number 55 for the year 2017, is amended to read as follows:

3           § 17-199.3 Maternal mortality and morbidity annual report. a. For purposes of this section,  
4 the following terms have the following meanings:

5           Maternal health. The term “maternal health” means the health of [women] a person before,  
6 during, and after a pregnancy[, childbirth, and the postpartum period].

7           Maternal mortality. The term “maternal mortality” means the death of a [woman while  
8 pregnant or within 42 days of the termination of pregnancy, from any cause related to or aggravated  
9 by the pregnancy or its management.] person that occurs during a pregnancy, or within one year  
10 from the end of pregnancy, regardless of the duration of such pregnancy.

11           Pregnancy-Associated Death. The term “pregnancy-associated death” means the death of  
12 a person from any cause during pregnancy or within one year from the end of pregnancy.

13           Pregnancy-Related Death. The term “pregnancy-related death” means the death of a person  
14 during pregnancy or within one year from the end of pregnancy that is due to a pregnancy  
15 complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition  
16 by the physiologic effects of pregnancy.

1           Severe maternal morbidity. The term “severe maternal morbidity” means a life-threatening  
2 complication affecting a person before, during, or after a pregnancy.

3           b. No later than September 30, [2017] 2019 and no later than September 30 annually  
4 thereafter, the department shall submit to the speaker of the council and publish [in the annual  
5 summary of vital statistics] in a machine-readable format the most recent calendar year data  
6 available regarding maternal mortality in [New York City] the city, to the extent such data is made  
7 available to the department[, including,]. Data submitted shall not jeopardize the confidentiality of  
8 the pregnant person or mother and shall include, but not be limited to:

9           1. [The number of maternal mortalities, disaggregated by race or ethnicity and borough of  
10 residence;

11           2.] The total number of live births; and the total number of maternal mortalities,  
12 disaggregated by information about the pregnant person or mother where such disaggregated data  
13 is available. Such data shall be disaggregated by, but not limited to, the following:

14           (a) race or ethnicity;

15           (b) borough of residence;

16           (c) most frequent causes of maternal mortality; and

17           (d) whether the death was pregnancy-associated or pregnancy-related;

18           2. The total number of severe maternal morbidities, disaggregated by information about  
19 the pregnant person or mother, where such disaggregated data is available and statistically reliable.

20 Such data shall include, but not be limited to:

21           (a) race or ethnicity;

22           (b) education;

23           (c) borough of residence;

- 1           (d) whether such person was born domestically or abroad;
- 2           (e) age;
- 3           (f) insurance status;
- 4           (g) trimester of prenatal care entry;
- 5           (h) preexisting health conditions;
- 6           (i) whether such person worked during pregnancy;
- 7           (j) whether such person had any previous miscarriages or still births; and
- 8           (k) whether the pregnancy resulted in the first live birth for such person;

9           3. The maternal mortality ratio, disaggregated by race or ethnicity and borough of residence  
10 where available and statistically reliable;

11           [3.] 4. Recommendations regarding actions the department, the mayor, and the [Council]  
12 council can take to improve maternal health, particularly in disproportionately impacted  
13 communities; [and] reduce maternal mortality; and enhance cooperation among city agencies to  
14 improve maternal health, particularly those agencies that have a mandate related to maternal  
15 health, including but not limited to the commission on gender equity. In developing  
16 recommendations, the department may consider the following factors, to the extent such  
17 information is available:

18           (a) the impact of factors such as prenatal care, doulas, economic, civic and social well-  
19 being, and race on pregnant persons and mothers, as they relate to maternal mortality and  
20 morbidity;

21           (b) the use and effect of hospital and institutional practices, policies, and administrative  
22 tools, such as checklists related to pregnancy and parenting;

1 (c) any previous traumatic events the mother or pregnant person experienced, where this  
2 information is provided and available, and whether the stress or trauma from that event might have  
3 affected the outcomes of the mother or pregnant person’s experience during pregnancy, childbirth,  
4 and the postpartum period; and

5 (d) ways to analyze complications experienced by expectant parents and mothers and ways  
6 to develop equitable strategies to respond to them;

7 [4.] 5. An update on the implementation of the recommendations made in previous reports  
8 made pursuant to this section regarding actions that the department or mayor can take to improve  
9 maternal health and reduce maternal mortality, if any; and

10 6. A list of data sources used in the development of reports made pursuant to this section.

11 c. No later than September 30, 2019, and by September 30 of every fifth year thereafter,  
12 the department shall submit to the speaker and publish in a machine-readable format additional  
13 data regarding maternal mortality in the city, for the most recent five-year period for which data is  
14 available. Data submitted shall not jeopardize the confidentiality of the pregnant person or mother  
15 and shall include, but not be limited to:

16 1. age;

17 2. education;

18 3. whether such person was born domestically or abroad;

19 4. whether the maternal mortality occurred in a hospital or inpatient setting, emergency  
20 room or outpatient setting, at home, or in another location;

21 5. trimester of prenatal care entry;

22 6. interval between end of pregnancy and maternal mortality, where available;

23 7. preexisting health conditions;

1 8. insurance status;

2 9. whether such person had any previous miscarriages or still births;

3 10. whether the pregnancy resulted in the first live birth for such person; and

4 11. whether such person worked during pregnancy.

5 d. In the development of reports made pursuant to this section, the department shall consult  
6 any review or assessment produced by the committee established pursuant to section 17-199.3.1.

7 § 2. Chapter 1 of title 17 of the administrative code of the city of New York is amended by  
8 adding a new section 17-199.3.1 to read as follows:

9 § 17-199.3.1 Maternal mortality and morbidity review committee (M3RC).

10 a. The department shall establish a committee to examine maternal mortality, as such term  
11 is defined in subdivision a of section 17-199.3; severe maternal morbidity, as such term is defined  
12 in subdivision a of section 17-199.3; and analyze clinical factors and social determinants of health.

13 Factors that such committee may consider include, but need not be limited to:

14 1. the cause of each maternal mortality; and

15 2. whether such mortality was pregnancy-related or not.

16 b. Members of the committee shall represent a multi-disciplinary panel of representatives,  
17 including but not limited to representatives from various healthcare facilities and organizations,  
18 city agencies, community based organizations with relevant experience, the doula community,  
19 researchers with relevant experience, and first responders.

20 c. The department shall post and update as necessary on its website a list of the disciplines  
21 represented on the committee established pursuant to this section.

22 § 3. This local law takes effect immediately.