



**ASSEMBLY STANDING COMMITTEE ON HEALTH
ASSEMBLY TASK FORCE ON WOMEN'S ISSUES**

NOTICE OF PUBLIC HEARING

SUBJECT: Perinatal Care

PURPOSE: To examine the quality of and access to perinatal care, as well as perinatal and maternal morbidity and mortality.

New York City

250 Broadway, 19th Floor Hearing Room
November 30th, 2021, 10:00 a.m.

ORAL TESTIMONY BY INVITATION ONLY

Quality health care is of critical importance during pregnancy, childbirth, and the postpartum period. Receiving the right care can mean the difference between life and death for both the birthing person and the child. According to the CDC, people of color are more likely to experience severe maternal morbidity and death than white patients. The Committee and Task Force would like to examine the options and barriers to access to quality perinatal care and birthing services, as well as the cause of and measures to reduce perinatal and maternal morbidity and mortality. Additionally, the Committee and Task Force would like to examine the causes and consequences of maternity care deserts and the cultural competency of care throughout the state.

Persons invited to present pertinent testimony to the Committee and Task Force at the hearing should complete and return the enclosed reply form no later than November 26th, 2021. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes' duration. In preparing the order of witnesses, the Committee and Task Force will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee and Task Force would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's and Task Force's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, reasonable accommodations will be provided, upon advance request, to afford such individuals access to Assembly facilities and to participate in the hearing.

This will be an in-person hearing. Masks are required for access to 250 Broadway and the hearing on November 30th, 2021.

**Richard N. Gottfried
Member of Assembly
Chair
Committee on Health**

**Rodneyse Bichotte Hermelyn
Member of Assembly
Chair
Task Force on Women's Issues**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on Perinatal Care are requested to complete this reply form no later than November 26th, 2021 and mail, email or fax it to:

Janice Nieves
Associate Counsel
Assembly Committee on Health
Email: nievesj@nyassembly.gov
Phone: (518) 455-4371

- I plan to attend the following public hearing on Perinatal Care to be conducted by the Assembly Committee on Health and the Task Force on Women's Issues on November 30th, 2021.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____