

# STATE OF NEW YORK

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1667

2025-2026 Regular Sessions

## IN ASSEMBLY

January 10, 2025

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Introduced by M. of A. ROSENTHAL, SIMON -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing an office of antibiotic-resistance control; to amend the state finance law, in relation to establishing the antibiotics education fund; and to amend the labor law, in relation to including methicillin-resistant staphylococcus aureus (MRSA) and other antibiotic-resistant infections in the definition of airborne infectious disease

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Legislative findings. Antibiotics are rightfully considered  
2 one of the medical miracles of the last century because of their power-  
3 ful ability to fight illness and disease caused by bacteria. But the  
4 effectiveness of medically important antibiotics is now at great risk  
5 due to their misuse and overuse in medicine and agriculture. Many  
6 strains of bacteria have evolved resistance to antibiotics, meaning  
7 instead of being killed by the drugs, they survive, multiply, and  
8 spread. In fact, the more antibiotics are used, the faster antibiotic-  
9 resistant bacteria (aka "superbugs") emerge, increasing the risk of  
10 contracting an antibiotic-resistant infection. If effective policy meas-  
11 ures are not soon adopted, some experts predict that by 2050, antibiot-  
12 ic-resistant infections will be responsible for more annual deaths than  
13 cancer.

14 In recognition of the serious public health threat posed by antibiot-  
15 ic-resistant infections, the United Nations General Assembly in 2016  
16 committed to taking action. The World Health Organization (WHO) consid-  
17 ers it to be one of the biggest threats to global health, food security,  
18 and international development today. The United States Centers for  
19 Disease Control and Prevention (CDC) has stated that fighting this  
20 threat is a public health priority and estimates that each year, antibi-  
21 otic-resistant bacteria are responsible for at least 2.8 million

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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infections in the United States and at least 35,000 deaths. A study commissioned by the United Kingdom government predicts that if action is not taken now to combat antibiotic resistance, by 2050 the annual death toll will have risen to 10 million globally. Most major medical and health groups in the United States, including the American Medical Association, American Academy of Pediatrics, and Infectious Diseases Society of America, have recognized the urgency of the antibiotic-resistance crisis. New York State, in its Prevention Agenda 2019-2024, established Antibiotic Resistance and Healthcare-Associated Infections as one of five major focus areas.

Antibiotic-resistant bacteria are bacteria that are immune to the effect of antibiotics. These so-called "superbugs" can infect humans and animals, and the infections they cause are harder and sometimes impossible to treat. Antibiotic resistance is a naturally occurring phenomenon, but the speed at which superbugs are emerging and spreading is accelerating due to overuse and misuse of antibiotics in humans and animals. Antibiotic-resistant bacteria are most prevalent in environments associated with high antibiotic use: healthcare settings and animal agriculture. Two-thirds of all medically important antibiotics are sold for use in animals. Bacteria that are resistant can spread from person to person, and from animal to person--via the natural environment or contaminated food--and resistance genes can transfer from bacteria to bacteria. Some bacteria have developed resistance to multiple antibiotics, making common infectious diseases such as tuberculosis, pneumonia, food poisoning, urinary tract infections (UTIs), and gonorrhea harder and sometimes impossible to treat. Everyone is at risk of exposure to antibiotic-resistant bacteria, but those who work in hospitals and nursing homes, patients in such facilities, and those who work in livestock farming, slaughterhouses, and large animal veterinarian practices have a greater risk of getting antibiotic-resistant infections.

Given the current and growing threat posed by antibiotic resistance, the state of New York must organize itself to adequately respond. The WHO and the CDC recommend taking a "One Health" approach, which recognizes the interconnectedness of humans and animals in achieving optimal health outcomes.

§ 2. Article 2 of the public health law is amended by adding a new title 9 to read as follows:

## TITLE 9

### ANTIBIOTIC-RESISTANCE CONTROL

#### Section 269-a. Statement of policy and purposes.

##### 269-b. Definitions.

##### 269-c. Office of antibiotic-resistance control.

##### 269-d. Antibiotic-resistance control board.

##### 269-e. Organization of antibiotic-resistance control board.

##### 269-f. Meetings.

##### 269-g. Functions, powers and duties.

##### 269-h. Cooperation with other departments.

##### 269-i. Evaluation requirements.

##### 269-j. Antibiotic-resistance data collection.

##### 269-k. Antibiotic stewardship implementation.

##### 269-l. Antibiotic-resistance control in agriculture.

##### 269-m. Reporting requirements.

##### 269-n. Violations.

§ 269-a. Statement of policy and purposes. The purpose of this title is to codify the establishment of an office to organize the state's efforts to control the spread of antibiotic resistance, coordinate all

1 agencies' responses, and rely on best practices to comprehensively  
2 address the public health threat posed by antibiotic resistance.

3 § 269-b. Definitions. As used in this section:

4 1. "Antibiotic" means a drug used to treat infections caused by bacte-  
5 ria. Antibiotics may either kill or inhibit the growth of bacteria.

6 2. "Antibiotic class" means antibiotic agents with related molecular  
7 structures, often with a similar mode of action because of interaction  
8 with a similar target and thus subject to a similar mechanism of resist-  
9 ance.

10 3. "Antibiotic resistance" means the ability of a bacterium to multi-  
11 ply or persist in the presence of an increased level of an antibiotic  
12 relative to the susceptible counterpart of the same species.

13 4. "Antibiotic stewardship" means using the optimal selection, dosage,  
14 and duration of antibiotic treatment that results in the best clinical  
15 outcome for the treatment of infection, with minimal toxicity to the  
16 patient and minimal impact on subsequent resistance. Antibiotic stewar-  
17 ship may also include measures to prevent spread of infection in hospi-  
18 tals and animal husbandry practices that prevent spread of infections on  
19 farms.

20 5. "Board" means the antibiotic-resistance control board created  
21 pursuant to section two hundred sixty-nine-d of this title.

22 6. "Disease control" means administration of antibiotics to a group of  
23 animals once a proportion of the animals in the group have been diag-  
24 nosied (based on clinical signs or other appropriate diagnostic methods)  
25 with an indicated disease.

26 7. "Disease prevention" means administration of antibiotics to a group  
27 of animals, none of which have been diagnosed with an indicated disease,  
28 when transmission of existing undiagnosed infections, or the introduc-  
29 tion of pathogens, is anticipated based on history, clinical judgment,  
30 or epidemiological knowledge.

31 8. (a) "Disease treatment" means administration of an antibiotic only  
32 to animals diagnosed (based on clinical signs or other appropriate diag-  
33 nostic methods) with an indicated disease.

34 (b) Disease treatment includes but is not limited to selective dry cow  
35 therapy, whereby individual dairy cows within a herd are determined,  
36 when entering a dry cycle, to be likely infected with mastitis based on  
37 key indicators including their previous history of disease, somatic cell  
38 counts and/or cell cultures, and are administered antibiotics as  
39 prescribed by a licensed veterinarian.

40 9. "Foodborne disease" (also referred to as foodborne illness or food  
41 poisoning): means any illness that results from the consumption of food,  
42 contaminated with pathogenic bacteria, viruses, or parasites.

43 10. "Food-producing animal" means:

44 (a) All cattle, swine, or poultry, regardless of whether the specific  
45 animal is raised for the purpose of producing food for human consump-  
46 tion; or

47 (b) Any animal of a type that the department of agriculture and  
48 markets identifies by rule as livestock typically used to produce food  
49 for human consumption, including aquatic and amphibian species.

50 11. "Livestock producer" means a person raising a food-producing  
51 animal for commercial purposes.

52 12. "Medically important antibiotic" means a drug that is composed in  
53 whole or in part of:

54 (a) A form of the antibiotic classes of penicillin, tetracycline,  
55 macrolide, lincosamide, streptogramin, aminoglycoside, sulfonamide,  
56 fluoroquinolones, amphenicols, polymyxins, or cephalosporin; or

(b) A drug from an antibiotic class that is categorized as critically important, highly important, or important in the World Health Organization list of critically important antimicrobials for human medicine (6th revision, 2019), or a subsequent revision or successor document issued by the World Health Organization that is recognized by rule by the department.

13. "Office" means the office of antibiotic-resistance control created pursuant to section two hundred sixty-nine-c of this title.

14. "One Health" means taking a collaborative, multisectoral, and transdisciplinary approach to controlling antibiotic resistance, recognizing the interconnection between people, animals, plants, and their shared environment.

15. "Veterinary feed directive" has the same definition as in section 558.3 of title 21 of the code of federal regulations.

§ 269-c. Office of antibiotic-resistance control. There is hereby created within the department an office of antibiotic-resistance control. Such office shall:

1. Integrate and coordinate selected state health antibiotic-resistance monitoring, oversight, and education programs based on the centers for disease control's One Health approach to combating antibiotic resistance. As part of this function, the office shall develop a coordinated, comprehensive strategy and plan to end the misuse and reduce the overuse of antibiotics in medicine and agriculture in the state. In line with the National Action Plan 2020-2025 created by the Federal Task Force on Combating Antibiotic-Resistant Bacteria, the office shall have a goal for the state of reducing health care-associated antibiotic-resistant infections by twenty percent by two thousand twenty-seven and community-acquired antibiotic-resistant infections by ten percent by two thousand twenty-seven. It shall have a further goal, consistent with the existing goal of the European Union, of reducing use of medically important antibiotics in food animal production by fifty percent within five years after the effective date of this title, using a baseline established two years after the effective date of this title.

2. Apply for grants, and accept gifts from private and public sources, for research to improve the appropriate use of antibiotics.

3. Together with the antibiotic-resistance control board, serve as liaison and advocate on matters relating to the judicious use, unnecessary use, and misuse of antibiotics. This function shall include the provision of staff support to the antibiotic-resistance control board and the establishment of appropriate program linkages with related federal, state, and local agencies and programs.

4. Assist medical schools, veterinarian schools, agricultural schools, and state agencies in the development of antibiotic-resistance control training programs for doctors, veterinarians, medical and veterinary support staff, and farmers, and in the development of educational coursework for medical, veterinary, and agricultural students.

5. Promote community strategic planning and new or improved health care delivery systems to reduce the use of antibiotics in health care settings and agricultural settings.

6. Review the impact of antibiotic-resistance control programs and regulations on levels of antibiotic-resistant bacteria found in health care settings and agricultural settings, and that are foodborne.

§ 269-d. Antibiotic-resistance control board. 1. An antibiotic-resistance control board is hereby created. Such board shall have five voting members, who shall be the commissioners of health, agriculture and markets, environmental conservation, education, and a public member. In

1 addition, as advisory members, there shall be a dean of a New York state  
2 medical college, a dean of a New York state veterinary college, two  
3 epidemiologists with expertise in antibiotic resistance, and, six  
4 members, to be appointed by the governor, however, two shall be upon the  
5 recommendation of the speaker of the assembly and two shall be upon the  
6 recommendation of the temporary president of the senate. At least one of  
7 the six members shall be a representative of the pharmaceutical indus-  
8 try, one a representative of the farming community, and four represen-  
9 tatives of the public with relevant expertise in, but not limited to,  
10 the fields of public health, patient experience, or antibiotic resist-  
11 ance. To the extent practicable, these public members shall be represen-  
12 tative of the diversity of the state.

13 2. Advisory members appointed by the governor shall serve for terms of  
14 three years, such terms to commence on July first and to expire on June  
15 thirtieth; provided, however, that of the advisory members first  
16 appointed, two shall be appointed for a one-year term expiring one year  
17 after the effective date of this title, two shall be appointed for a  
18 two-year term expiring two years after the effective date of this title,  
19 and the remaining two shall be appointed for full three-year terms. Each  
20 such advisory member shall hold office until a successor shall have been  
21 appointed and qualified.

22 3. Each voting member and each advisory member of such board may, by  
23 official order filed in the office of the board, designate a deputy or  
24 other representative in their department to perform their duties under  
25 this article.

26 4. The members of the board or their respective designees shall  
27 receive no additional compensation for their services as members of the  
28 board, but shall be allowed their actual and necessary expenses incurred  
29 in the performance of their duties under this title.

30 § 269-e. Organization of antibiotic-resistance control board. 1. The  
31 chair of the board shall be the commissioner.

32 2. The board shall appoint an executive secretary who shall act as the  
33 administrative agent of the board, keep a record of all meetings of the  
34 board and perform such other functions and duties as the board may  
35 direct.

36 3. The board may make and adopt by-laws to regulate its proceedings.

37 § 269-f. Meetings. 1. The board shall meet at least once every three  
38 months. Special meetings shall be called by the chair on their own  
39 initiative or upon the written request of two voting members. Notice of  
40 the time, place, and purpose of each meeting shall be transmitted to all  
41 members of the board at least ten days prior to any meeting.

42 2. Three voting members of the board shall constitute a quorum to  
43 transact the business of the board. A majority vote of members present  
44 at the meeting shall be necessary for any action taken by the board.  
45 Meetings shall be open to public observers, and meeting records shall be  
46 publicly available.

47 § 269-g. Functions, powers and duties. 1. The board (a) may prepare  
48 and recommend rules and regulations, or amendment or repeal thereof, for  
49 controlling the use of antibiotics in health care and agricultural  
50 settings consistent with the declared purpose of this title and (b)  
51 shall designate the department or departments by whom such rules or  
52 regulations shall be promulgated, administered, and enforced in accord-  
53 ance with the functions, powers, and duties of such department or  
54 departments prescribed by law. Such rules and regulations shall not be  
55 effective until filed in the office of the department of state. Any such  
56 action shall be taken only at a meeting upon the affirmative vote in

1 person, electronically or by mail of at least four voting members of the  
2 board, exclusive of any deputy or other representative, after a meeting  
3 with the advisory members of the board and consideration of available  
4 scientific evidence.

5 2. To further the declared purpose of this title, the board shall have  
6 the following functions, powers, and duties:

7 (a) To prepare and recommend rules and regulations regarding the use  
8 of antibiotics in health care and agricultural settings in order to  
9 prevent their misuse and overuse and control, and prevent antibiotic  
10 resistance.

11 (b) To coordinate the activities and programs of members' departments  
12 concerned with the use of antibiotics and the development and spread of  
13 antibiotic resistance.

14 (c) To promote and encourage training programs and practices, includ-  
15 ing innovative concepts, that can reduce antibiotic use in health care  
16 and agricultural settings.

17 (d) To cause such studies, research, and investigations to be made as  
18 it may deem advisable and necessary.

19 (e) To hold and appear at public hearings.

20 (f) To collect and compile information and data relating to the use,  
21 overuse, and misuse of antibiotics and development and spread of antibi-  
22 otic resistance.

23 (g) To advise and assist state departments and agencies upon request.

24 (h) To inform the public concerning the state's efforts to regulate  
25 the use of antibiotics and to provide information concerning antibiot-  
26 ics, including those used in agriculture.

27 (i) To recommend, where appropriate, that the use of specific antibi-  
28 otics be prohibited under specified conditions.

29 (j) To consult and cooperate with the appropriate agencies of the  
30 federal government or of other states or local governments to more  
31 effectively carry out its functions, powers, and duties under this  
32 title.

33 (k) To do all things necessary or reasonable to carry out the forego-  
34 ing functions, powers, and duties.

35 § 269-h. Cooperation with other departments. The board may request  
36 from any department, division, board, bureau, commission, or other agen-  
37 cy of the state, and the same are authorized to provide, without addi-  
38 tional compensation, such assistance, services and data as may be neces-  
39 sary to carry out the purpose of this title. The board may, within  
40 appropriations available therefore, employ such other personnel as may  
41 be necessary to carry out its responsibilities under this title.

42 § 269-i. Evaluation requirements. 1. The commissioner shall evaluate  
43 the effectiveness of the efforts by the state government to reduce the  
44 overuse and misuse of antibiotics.

45 2. The commissioner shall ensure that, to the extent practicable, the  
46 most current research findings regarding mechanisms to reduce and change  
47 attitudes toward the use of antibiotics are incorporated into the educa-  
48 tion and training programs administered by the department.

49 3. To diminish the overuse and misuse of antibiotics and to ensure  
50 that the state's programs are effective, the office shall conduct an  
51 independent evaluation of the statewide antibiotic-resistance programs.  
52 The purpose of this evaluation is to direct the most efficient allo-  
53 cation of state resources devoted to controlling antibiotic-resistance  
54 within health care settings and agricultural settings. Such evaluation  
55 shall be made publicly available on the department's website and  
56 provided annually to the governor, the temporary president of the

senate, and the speaker of the assembly on or before October first of each calendar year. The comprehensive evaluation design shall be guided by the following:

(a) Sound evaluation principles including, to the extent feasible, elements of controlled experiments;

(b) An evaluation of the comparative effectiveness of individual program designs that shall be used in funding decisions and program modifications; and

(c) An evaluation of other programs identified by state agencies, local lead agencies, and federal agencies.

§ 269-j. Antibiotic-resistance data collection. 1. Notwithstanding any other law, all antibiotic-resistance and infection data collected by the department, and documents pertaining to antibiotic-resistance stewardship programs, veterinary reports required by federal or state laws, and any other related information as determined by the commissioner, shall be made available to the office.

2. The department has the authority to request and receive copies of all veterinary feed directives issued in the state, from veterinarians, livestock owners, feed mills, or distributors to fully implement the provisions of this title.

3. The state board of veterinary medicine, the department, and the department of agriculture and markets shall coordinate with the United States department of agriculture, the United States food and drug administration, and the United States centers for disease control and prevention to implement the expanded antibiotic resistance surveillance efforts included in the National Action Plan for Combating Antibiotic-Resistant Bacteria, to obtain a better understanding of the links between antibiotic use patterns in livestock and the development of antibiotic-resistant bacterial infections.

4. (a) The department, the state board of veterinary medicine, the department of agriculture and markets, veterinarians, and livestock producers shall gather information on medically important antibiotic sales and usage as well as antibiotic-resistant bacteria and livestock management practice data. Monitoring efforts shall not be duplicative of the National Animal Health Monitoring System or the National Antimicrobial Resistance Monitoring System, and, to the extent feasible, will coordinate with the United States department of agriculture, the centers for disease control and prevention, and the United States food and drug administration in the development of these efforts.

(b) In coordinating with the National Animal Health Monitoring System and the National Antimicrobial Resistance Monitoring System, the department, the state board of veterinary medicine, and the department of agriculture and markets shall gather representative samples of biological isolates from all of the following:

(i) New York state's major livestock segments;

(ii) regions with considerable livestock production; and

(iii) representative segments of the food production chain.

(c) The department, the state board of veterinary medicine, and the department of agriculture and markets shall report to the legislature three years from the effective date of this title the results of their outreach activities and monitoring efforts.

§ 269-k. Antibiotic stewardship implementation. 1. Notwithstanding any law to the contrary, the office may request and shall receive reports on hospitals' and nursing homes' antibiotic-resistance and infection stewardship programs.

2. The department, in consultation with the state board of veterinary medicine, the department of agriculture and markets, universities, and cooperative extensions, shall develop antibiotic stewardship guidelines and best management practices for veterinarians, livestock owners, and their employees who are involved with the administering of medically important antibiotics on the proper use of medically important antibiotics for disease treatment and control in food animals. The guidelines shall include scientifically validated practical alternatives to the use of medically important antibiotics, including, but not limited to, good hygiene and management practices. The guidelines shall be reviewed and updated periodically, as necessary.

3. The department, in consultation with the state board of veterinary medicine and the department of agriculture and markets, shall consult with livestock producers, licensed veterinarians, and other relevant stakeholders on ensuring that livestock grown in rural areas with limited access to veterinary care have timely access to treatment.

4. For the purposes of this section, "antibiotic stewardship" for food-producing animals is a commitment to do all of the following:

(a) to use medically important antibiotics only when necessary to treat or control disease;

(b) to select the appropriate medically important antibiotic and the appropriate dose, duration, and route of administration;

(c) to use medically important antibiotics for the shortest duration necessary and allowable, and to administer them to the fewest animals necessary; and

(d) to raise animals under conditions that minimize the need for medically important antibiotics by using vaccines, providing healthy diets, maintaining sanitary housing and other appropriate good husbandry practices.

§ 269-1. Antibiotic-resistance control in agriculture. 1. Beginning one year from the effective date of this title, medically important antibiotics shall not be administered to a food-producing animal unless ordered by a licensed veterinarian who has visited the farm operation within the previous six months, through a prescription or veterinary feed directive, pursuant to a veterinarian-client-patient relationship that meets the requirements as defined by the state office of professions.

2. (a) Beginning two years from the effective date of this title, a livestock producer may administer a medically important antibiotic to a food-producing animal only if a licensed veterinarian, in the exercise of professional judgment, determines that the administration of the medically important antibiotic to the animal is necessary:

(i) to control the ongoing spread of a diagnosed disease or infection;

(ii) to treat a diagnosed disease or infection; or

(iii) in relation to surgical or other medical procedures.

(b)(i) Medically important antibiotics shall not be administered by any person to food-producing animals solely for the purposes of promoting weight gain, improving feed efficiency, or disease prevention.

(ii) Blanket dry cow therapy, whereby all dairy cows in a herd entering a dry cycle are routinely administered an antibiotic to prevent clinical mastitis, is considered a method of disease prevention, and is not authorized.

3. A veterinarian who determines that the provision of a medically important antibiotic to a food-producing animal is necessary for a purpose described in this section shall specify an end date for the provision of the antibiotic to the animal.

1 4. A livestock producer may administer a medically important antibiot-  
2 ic to a food-producing animal only for the purpose as determined by a  
3 licensed veterinarian under this title. The livestock producer may  
4 provide the antibiotic only for the duration specified by the veterina-  
5 rian.

6 § 269-m. Reporting requirements. 1. Veterinarians licensed to practice  
7 in New York state, or who are licensed in a bordering state and practice  
8 in the state, and who prescribe medically important antibiotics or write  
9 a veterinary feed directive (VFD) for one or more sets of food-producing  
10 animals located in New York state, shall file an annual report under  
11 this section in a form and manner required by the department by rule.  
12 This report shall be submitted to the office. If medically important  
13 antibiotics were provided under VFDs, then copies of those VFDs issued  
14 during the year, prepared in the format recommended by the American  
15 Veterinary Medical Association, may constitute the annual report.  
16 Medically important antibiotics prescribed to, provided to, or adminis-  
17 tered to food-producing animals during the reporting period that are not  
18 covered by VFDs, shall also be included in the annual report and shall  
19 contain the following information for each such prescription or adminis-  
20 tration:

21 (a) Name and address of the livestock producer, and the location of  
22 the treated animal or animals;

23 (b) The number of food-producing animals provided with medically  
24 important antibiotics;

25 (c) The name of the medically important antibiotic provided;

26 (d) The species of food-producing animals that were provided the  
27 medically important antibiotic;

28 (e) The number of days that the medically important antibiotic was  
29 intended to be provided to a food-producing animal;

30 (f) The dosage of the medically important antibiotic that was intended  
31 to be provided to a food-producing animal;

32 (g) The method of administration of the medically important antibiotic  
33 to a food-producing animal;

34 (h) The purpose for providing the medically important antibiotic to a  
35 food-producing animal; and

36 (i) The disease or infection, if any, that was intended to be  
37 controlled due to the provision of each medically important antibiotic.

38 2. For the purposes of paragraph (h) of subdivision one of this  
39 section, the purpose for providing a medically important antibiotic to a  
40 food-producing animal shall be reported as:

41 (a) disease control; or

42 (b) disease treatment; or

43 (c) necessary for surgical or other medical procedures.

44 3. Information reported under this section shall be made publicly  
45 available by the department annually in an online searchable database of  
46 aggregated data. Such database shall protect the identity of a licensed  
47 veterinarian, an individual farm, or business.

48 4. The department, state board of veterinary medicine, and the depart-  
49 ment of agriculture and markets shall consult as necessary to fulfill  
50 the requirements of this section.

51 § 269-n. Violations. 1. A person or entity who violates this title  
52 shall be liable for a civil penalty of not more than two hundred fifty  
53 dollars per farm operation for each day a violation occurs.

54 2. (a) For a second or subsequent violation, a person or entity who  
55 violates this title shall be punishable by an administrative fine in the

1 amount of five hundred dollars per farm operation for each day a  
2 violation occurs.

3 (b) In addition to the administrative fine, the violator shall attend  
4 an educational program to be jointly developed by the department, the  
5 department of agriculture and markets, and the state board of veterinary  
6 medicine on the judicious use of medically important antibiotics. The  
7 violator shall successfully complete the program and provide proof to  
8 the board within ninety days from the occurrence of the violation.

9 3. Subdivisions one and two of this section shall not apply to  
10 licensed veterinarians. A veterinarian who violates this section is  
11 subject to discipline as defined in subarticle three of article one  
12 hundred thirty of title eight of the education law.

13 4. The moneys collected pursuant to this title shall be deposited into  
14 the antibiotics education fund established pursuant to section ninety-  
15 seven-aaaa of the state finance law and be available for expenditure  
16 upon appropriation by the legislature.

17 § 3. The state finance law is amended by adding a new section 97-aaaa  
18 to read as follows:

19 § 97-aaaa. Antibiotics education fund. 1. There is hereby established  
20 in the custody of the state comptroller a special fund to be known as  
21 the "antibiotics education fund".

22 2. Such fund shall consist of all monies recovered from the assessment  
23 of any penalty authorized by title nine of the public health law.

24 3. Moneys of the fund shall be deposited to the credit of the fund and  
25 shall, in addition to any other moneys made available for such purpose,  
26 be available to the department of health for the purpose of antibiotics  
27 educational programs. All payments from the antibiotics education fund  
28 shall be made on the audit and warrant of the state comptroller on  
29 vouchers certified and submitted by the commissioner of health.

30 § 4. Paragraph (e) of subdivision 1 of section 218-b of the labor law,  
31 as amended by chapter 142 of the laws of 2021, is amended to read as  
32 follows:

33 (e) "Airborne infectious disease" shall mean any infectious viral,  
34 bacterial or fungal disease that is transmissible through the air in the  
35 form of aerosol particles or droplets and is designated by the commis-  
36 sioner of health a highly contagious communicable disease that presents  
37 a serious risk of harm to the public health. Such diseases shall include  
38 methicillin-resistant staphylococcus aureus (MRSA) and other antibiot-  
39 ic-resistant infections as established by the commissioner of health.

40 § 5. This act shall take effect one year after it shall have become a  
41 law.