STATE OF NEW YORK

9077--A

2025-2026 Regular Sessions

IN ASSEMBLY

September 12, 2025

Introduced by M. of A. RAJKUMAR -- read once and referred to the Committee on Higher Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, the public health law, the social services law, the civil service law, the labor law, the insurance law, the mental hygiene law, the family court act, the volunteer ambulance workers' benefit law, the volunteer firefighters' benefit law, the workers' compensation law and the state administrative procedure act, in relation to the administration of immunizations and eliminating the role of the federal centers for disease control and prevention from the determination of policies and practices in the state of New York

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

Section 1. Subdivision 7 of section 6527 of the education law, as amended by chapter 555 of the laws of 2021, is amended to read as follows:

7. A licensed physician may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for: (a) administering immunizations to prevent influenza to patients two years of age or older; and (b) administering immunizations to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B, human papillomavirus, measles, mumps, rubella, varicella, COVID-19, meningococcal, tetanus, diphtheria or pertussis disease and medications required for emergency treatment of anaphylaxis to patients eighteen years of age or older; and (c) administering other immunizations recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] **nationally recognized clinical practice guidelines** for patients eighteen years of age or older if the commissioner of health in consultation with the commissioner determines that an immunization: (i) (A) may be safely administered by a

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

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licensed pharmacist within their lawful scope of practice; and (B) is needed to prevent the transmission of a reportable communicable disease that is prevalent in New York state; or (ii) is a recommended immunization for such patients who: (A) meet age requirements, (B) lack documentation of such immunization, (C) lack evidence of past infection, or (D) have an additional risk factor or another indication as recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] **nationally recognized clinical practice guidelines**. **Provided, however, that anyone administering immunizations for COVID-19 within their lawful scope of practice shall administer such immunization if a patient: (A) meets age requirements; (B) does not have a history of adverse reaction to such immunization or any ingredient thereof; (C) meets requirements under which the Food and Drug Administration has determined the immunization is safe; and (D) meets other requirements as determined by the commissioner of health; without consideration or inquiry of any other criteria or guidelines, including those of the advisory committee on immunization practices of the centers for disease control and prevention or a successor. For the purposes of this section, the absence of any issuance of additional guidelines from the commissioner of health shall create a presumption that there are no additional requirements to satisfy the criteria for administration of immunization for COVID-19.** Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs**, nor authorize licensed persons to administer immunizations, vaccines or other drugs not approved by the federal food and drug administration**.

§ 2. Subdivision 7 of section 6909 of the education law, as amended by chapter 555 of the laws of 2021, is amended to read as follows:

7. A certified nurse practitioner may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for: (a) administering immunizations to prevent influenza to patients two years of age or older; and (b) administering immunizations to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B, human papillomavirus, measles, mumps, rubella, varicella, COVID-19, meningococcal, tetanus, diphtheria or pertussis disease and medications required for emergency treatment of anaphylaxis to patients eighteen years of age or older; and (c) administering other immunizations recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] **nationally recognized clinical practice guidelines** for patients eighteen years of age or older if the commissioner of health in consultation with the commissioner determines that an immunization: (i) (A) may be safely administered by a licensed pharmacist within their lawful scope of practice; and (B) is needed to prevent the transmission of a reportable communicable disease that is prevalent in New York state; or (ii) is a recommended immunization for such patients who: (A) meet age requirements, (B) lack documentation of such immunization, (C) lack evidence of past infection, or (D) have an additional risk factor or another indication as recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] **nationally recognized clinical practice guidelines**. **Provided, however, that anyone administering immunizations for COVID-19 within their lawful scope of practice shall administer such immunization if a patient: (A) meets age requirements; (B) does not have a history of adverse reaction to such immunization or any ingredient thereof; (C) meets requirements under which the Food and Drug Administration has determined the immunization**

is safe; and (D) meets other requirements as determined by the commissioner of health; without consideration or inquiry of any other criteria or guidelines, including those of the advisory committee on immunization practices of the centers for disease control and prevention or a successor. For the purposes of this section, the absence of any issuance of additional guidelines from the commissioner of health shall create a presumption that there are no additional requirements to satisfy the criteria for administration of immunization for COVID-19. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs, nor authorize licensed persons to administer immunizations, vaccines or other drugs not approved by the federal food and drug administration.

§ 3. Subparagraph 1 of paragraph a of subdivision 22 of section 6802 of the education law, as amended by chapter 802 of the laws of 2022, is amended to read as follows:

(1) the direct application of an immunizing agent to adults, whether by injection, ingestion, inhalation or any other means, pursuant to a patient specific order or non-patient specific regimen prescribed or ordered by a physician or certified nurse practitioner, for: immunizations to prevent influenza, pneumococcal, acute herpes zoster, hepatitis A, hepatitis B, human papillomavirus, measles, mumps, rubella, varicella, COVID-19, meningococcal, tetanus, diphtheria or pertussis disease and medications required for emergency treatment of anaphylaxis; and other immunizations recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] nationally recognized clinical practice guidelines for patients eighteen years of age or older if the commissioner of health in consultation with the commissioner determines that an immunization: (i)(A) may be safely administered by a licensed pharmacist within their lawful scope of practice; and (B) is needed to prevent the transmission of a reportable communicable disease that is prevalent in New York state; or (ii) is a recommended immunization for such patients who: (A) meet age requirements, (B) lack documentation of such immunization, (C) lack evidence of past infection, or (D) have an additional risk factor or another indication as recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] nationally recognized clinical practice guidelines. Provided, however, that anyone administering immunizations for COVID-19 within their lawful scope of practice shall administer such immunization if a patient: (A) meets age requirements; (B) does not have a history of adverse reaction to such immunization or any ingredient thereof; (C) meets requirements under which the Food and Drug Administration has determined the immunization is safe; and (D) meets other requirements as determined by the commissioner of health; without consideration or inquiry of any other criteria or guidelines, including those of the advisory committee on immunization practices of the centers for disease control and prevention or a successor. For the purposes of this section, the absence of any issuance of additional guidelines from the commissioner of health shall create a presumption that there are no additional requirements to satisfy the criteria for administration of immunization for COVID-19. If the commissioner of health determines that there is an outbreak of disease, or that there is the imminent threat of an outbreak of disease, then the commissioner of health may issue a non-patient specific regimen applicable statewide.

§ 4. Paragraph (e) of subdivision 2 of section 6801 of the education law, as amended by section 1 of part DD of chapter 57 of the laws of 2018, is amended to read as follows:

(e) administer the immunization or immunizations according to the most current recommendations by [~~the advisory committee for immunization practices (ACIP)~~] nationally recognized clinical practice guidelines, provided however, that a pharmacist may administer any immunization authorized under this section when specified by a patient specific order.

§ 5. Subdivision 4 of section 6801 of the education law, as amended by section 1 of part DD of chapter 57 of the laws of 2018, is amended to read as follows:

4. When administering an immunization in a pharmacy, the licensed pharmacist shall provide an area for the immunization that provides for a patient's privacy. The privacy area should include:

[~~a.~~] (a) a clearly visible posting of the most current [~~"Recommended Adult Immunization Schedule" published by the advisory committee for immunization practices (ACIP)~~] recommended adult immunization schedule according to nationally recognized clinical practice guidelines; and

(b) education materials on influenza vaccinations for children as determined by the commissioner and the commissioner of health.

§ 6. Section 6801 of the education law is amended by adding a new subdivision 4-a to read as follows:

4-a. A pharmacy which offers immunization appointments, including by phone or online, shall offer all immunizations according to recommendations by nationally recognized clinical practice guidelines, and without an advance prescription. A pharmacy shall not impose any limitations or criteria other than those set forth in subdivision twenty-two of section sixty-eight hundred two of this article.

§ 7. Subparagraph 5 of paragraph f of subdivision 5 of section 2-d of the education law, as added by section 1 of subpart L of part AA of chapter 56 of the laws of 2014, is amended to read as follows:

(5) [~~uses~~] use encryption technology to protect data while in motion or in its custody from unauthorized disclosure using a technology or methodology specified by the commissioner of health or secretary of the United States department of health and human services in guidance issued under Section 13402(H)(2) of Public Law 111-5.

§ 8. Paragraph (a) of subdivision 25 of section 206 of the public health law, as added by chapter 563 of the laws of 2008, is amended to read as follows:

(a) In assessing and reporting on the impact of section sixty-eight hundred one of the education law, pursuant to subdivision four of such section the commissioner may use: (1) influenza vaccine supply data from the federal centers for disease control and prevention if the commissioner determines such data is valid; (2) pneumococcal vaccine supply data provided by manufacturers and distributors of such vaccine; and (3) data from a third party entity that engages in the collection of data and tracking of pharmaceutical sales and distribution. Manufacturers and distributors of pneumococcal vaccine shall provide or arrange for the timely provision to the commissioner of such data as the commissioner may reasonably request to complete the report. Provider and customer identifiable information submitted pursuant to this paragraph shall be confidential, unless the information provider consents to its release or the commissioner determines disclosure is necessary to respond to an imminent public health emergency.

§ 9. The state administrative procedure act is amended by adding a new section 208 to read as follows:

§ 208. Any rules and regulations of any agency in effect as of the effective date of this section which reference or direct the following of guidelines of the United States centers for disease control and prevention or any part, portion or committee thereof shall be deemed to refer to nationally recognized clinical practices as defined in section sixty-five hundred twenty-three-a of the education law.

§ 10. The education law is amended by adding a new section 6523-a to read as follows:

§ 6523-a. Nationally recognized clinical practice, defined. "Nationally recognized clinical practice" shall mean a clinical approach, methodology, or standard of care that is widely accepted and utilized by licensed health care professionals across the United States, based on peer-reviewed scientific evidence and professional consensus, which may not be consistent with guidelines issued by a federal agency or other organization if such guidelines conflict with peer-reviewed scientific evidence and professional consensus. The commissioner may issue determinations of nationally recognized clinical practice, provided, however, that the absence of such a determination shall not imply requirement to adhere to guidelines issued by a federal agency or other organization if such guidelines conflict with peer-reviewed scientific evidence and professional consensus.

§ 11. Subdivision 3 of section 266-a of the public health law, as added by chapter 483 of the laws of 2014 and such section as renumbered by chapter 653 of the laws of 2022, is amended to read as follows:

3. Consult with national vaccine and immunization policy making organizations[~~, including but not limited to, the advisory committee on immunization practices under the centers for disease control and prevention, the national institute of health and the national institute of allergy and infectious diseases~~] **whose policies conform to nationally recognized clinical practice**;

§ 12. Subdivision 2 of section 1399-mm-3 of the public health law, as added by section 1 of part EE of chapter 56 of the laws of 2020, is amended to read as follows:

2. The commissioner is authorized to promulgate rules and regulations governing the sale and distribution of carrier oils that are suspected of causing acute illness [~~and have been identified as a chemical of concern by the United States centers for disease control and prevention~~]. Such regulations may, to the extent deemed by the commissioner as necessary for the protection of public health, prohibit or restrict the selling, offering for sale, possessing with intent to sell, or distributing of carrier oils.

§ 13. Section 2170 of the public health law, as amended by chapter 109 of the laws of 2004, is amended to read as follows:

§ 2170. Hepatitis C; educational materials. The commissioner shall develop and make available to physicians, other health care providers, veterans and other persons at high risk for hepatitis C educational materials, in written and electronic forms, on the diagnosis, treatment and prevention of hepatitis C. Such materials shall include the recommendations of [~~the federal Centers for Disease Control and Prevention and any other person or entity~~] **any persons or entities** having knowledge on hepatitis C, including the American Liver Foundation. Such materials shall be written in terms which are understandable by members of the general public.

§ 14. Subdivisions 1 and 3 of section 2312 of the public health law, as amended by chapter 298 of the laws of 2019, are amended to read as follows:

1. Notwithstanding any other provision of law and consistent with section two thousand three hundred five of this title, a health care practitioner (who is authorized under title eight of the education law to diagnose and prescribe drugs for sexually transmitted chlamydia trachomatis infection and other sexually transmitted infections, acting within [~~his or her~~] their lawful scope of practice) who diagnoses a sexually transmitted chlamydia trachomatis infection or other sexually transmitted infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs for the sexually transmitted infections for which [~~the Centers for Disease Control and Prevention recommends~~] nationally recognized clinical practice guidelines recommend the use of expedited partner therapy to that patient's sexual partner or partners without examination of that patient's partner or partners.

3. The commissioner shall promulgate rules and regulations concerning the implementation of this section and shall also develop forms for patients and their partners explaining expedited partner therapy for a chlamydia trachomatis infection and other sexually transmitted infections for which [~~the Centers for Disease Control and Prevention recommends~~] nationally recognized clinical practice guidelines recommend the use of expedited partner therapy. Such forms shall be written in a clear and coherent manner using words with common, everyday meanings.

§ 15. Subdivision 1 of section 2 of the public health law is amended by adding a new paragraph (o) to read as follows:

(o) Nationally recognized clinical practice. The term "nationally recognized clinical practice" shall have the same meaning as set forth in section sixty-five hundred twenty-three-a of the education law.

§ 16. Paragraph c of subdivision 2 of section 2164 of the public health law, as added by chapter 401 of the laws of 2015, is amended to read as follows:

c. Every person in parental relation to a child in this state entering or having entered seventh grade and twelfth grade or a comparable age level special education program with an unassigned grade on or after September first, two thousand sixteen, shall have administered to such child an adequate dose or doses of immunizing agents against meningococcal disease as recommended by [~~the advisory committee on immunization practices of the centers for disease control and prevention~~] nationally recognized clinical practice guidelines, which meets the standards approved by the United States public health service for such biological products, and which is approved by the department under such conditions as may be specified by the public health and planning council.

§ 17. Paragraph d of subdivision 1 and subdivision 8 of section 2165 of the public health law, as added by chapter 405 of the laws of 1989, are amended to read as follows:

d. The term "immunization" means an adequate dose or doses of an immunizing agent against measles, mumps and rubella [~~which meets the standards approved by the United States public health service for such biological products, and which is~~] approved by the state department of health under such conditions as may be specified by the public health council.

8. If any licensed physician or nurse practitioner certifies that such immunization may be detrimental to the person's health or is otherwise medically contraindicated pursuant to nationally recognized clinical

practice guidelines, the requirements of this section shall be inapplicable until such immunization is found no longer to be detrimental to such person's health or is no longer medically contraindicated.

§ 18. Subdivision 11-a of section 2168 of the public health law, as amended by chapter 109 of the laws of 2023, is amended to read as follows:

11-a. The commissioner, or in the city of New York, the commissioner of the department of health and mental hygiene, may only share registry information maintained by the department, or in the case of the citywide immunization registry, the city of New York under the provisions of this section [~~with the federal Centers for Disease Control and Prevention, or successor agency~~] pursuant to federal law or as determined by the commissioner, for public health purposes in summary, statistical, aggregate, or other form such that no individual person can be identified, except that either such commissioner may disclose identifiable registrant information to the federal Centers for Disease Control and Prevention, or its successor agency, when the commissioner has determined that the disclosure is in the best interests of the registrant or will contribute to the protection of public health and that the objective of the disclosure cannot be served by disclosure limited to de-identified information, or the federal health officials have committed in writing not to redisclose to or share registrant information with any other federal agency, including but not limited to the department of homeland security, immigration and customs enforcement, customs and border protection, or any successor agency, or any law enforcement agency; provided that either such commissioner may forgo the written commitment if requiring written commitment would result in the actual withholding of federal funds.

§ 19. Subdivision 1 of section 2599-b of the public health law, as amended by section 1 of part A of chapter 469 of the laws of 2015, is amended to read as follows:

1. The program shall be designed to prevent and reduce the incidence and prevalence of obesity in children and adolescents, especially among populations with high rates of obesity and obesity-related health complications including, but not limited to, diabetes, heart disease, cancer, osteoarthritis, asthma, emphysema, chronic bronchitis, other chronic respiratory diseases and other conditions. The program shall use [~~recommendations~~] nationally recognized clinical practices and goals [~~of the United States departments of agriculture and health and human services, the surgeon general and centers for disease control and prevention~~] in developing and implementing guidelines for nutrition education and physical activity projects as part of obesity prevention efforts. The content and implementation of the program shall stress the benefits of choosing a balanced, healthful diet from the many options available to consumers, without specifically targeting the elimination of any particular food group, food product or food-related industry.

§ 20. Clauses (A) and (C) of subparagraph (i) of paragraph (a) of subdivision 12 of section 2803 of the public health law, clause (A) as amended by chapter 20 of the laws of 2023 and clause (C) as amended by chapter 19 of the laws of 2022, are amended to read as follows:

(A) to update authorized family members and resident representatives of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and resident representatives on the number of infections and deaths at the facility, and to update all residents, authorized family members, and resident representatives at the facility

not later than five o'clock p.m. the next calendar day following the detection of a confirmed infection of a resident or staff member, or at such earlier time [~~as guidance from the federal centers for Medicaid and medicare services or centers for disease control and prevention may provide~~] in accordance with nationally recognized best practices, by electronic or such other means as may be selected by each resident, authorized family member or resident representative; and

(C) a plan or procedure, consistent with [~~any guidance issued by the federal centers for Medicaid and medicare services or centers for disease control and prevention~~] nationally recognized best practices, for placement or grouping of residents within a facility to reduce transmission of the pandemic disease during an infectious disease outbreak in the residential health care facility; and

§ 21. Paragraph (a) of subdivision 5 of section 2803-j of the public health law, as added by chapter 62 of the laws of 1996, is amended to read as follows:

(a) The commissioner shall establish an immunization schedule for newborn children. The immunization schedule shall chart out recommended immunizations against certain diseases and illnesses and age-appropriate times for the administration of each immunization. The immunization schedule shall also include information on the importance of getting children immunized at the recommended ages. The immunization schedule shall also include the toll-free telephone number operated by the department as part of its immunization education efforts. The immunization schedule shall be in accordance with recommendations established by the New York state department of health [~~and the immunization practices advisory committee of the United States department of health and human services~~].

§ 22. Subdivision 1 of section 2196 of the public health law, as added by chapter 580 of the laws of 1999, is amended to read as follows:

1. The commissioner shall promulgate regulations relating to the immunization requirements of this article, taking into consideration the recommendations of [~~the centers for disease control and prevention~~] nationally recognized clinical practice guidelines.

§ 23. Subdivision 1 of section 2780 of the public health law, as added by chapter 584 of the laws of 1988, is amended to read as follows:

1. "AIDS" means acquired immune deficiency syndrome[~~, as may be defined from time to time by the centers for disease control of the United States public health service~~].

§ 24. Subdivision 13 of section 131 of the social services law, as added by chapter 61 of the laws of 1996, is amended to read as follows:

13. Social services districts shall provide all applicants and recipients of public assistance with children five years of age or less with information and a schedule regarding age-appropriate immunizations for children in accordance with [~~the recommendations of the department of health and the immunization practices advisory committee of the United States department of health and human services~~] nationally recognized clinical practices. The telephone number of the local county health department shall be included on the immunization schedule.

§ 25. Paragraphs (q) and (ff) of subdivision 2 of section 365-a of the social services law, paragraph (q) as amended by section 35 of part B of chapter 58 of the laws of 2010, and paragraph (ff) as added by section 1 of part C of chapter 57 of the laws of 2019, are amended to read as follows:

(q) diabetes self-management training services for persons diagnosed with diabetes when such services are ordered by a physician, registered

physician assistant, registered nurse practitioner, or licensed midwife and provided by a licensed, registered, or certified health care professional, as determined by the commissioner of health, who is certified as a diabetes educator by the National Certification Board for Diabetes Educators, or a successor national certification board, or provided by such a professional who is affiliated with a program certified by the American Diabetes Association, the American Association of Diabetes Educators, the Indian Health Services, or any other national accreditation organization approved by the [~~federal centers for medicare and medicaid services~~] **the commissioner of health**; provided, however, that the provisions of this paragraph shall not take effect unless all necessary approvals under federal law and regulation have been obtained to receive federal financial participation in the costs of health care services provided pursuant to this paragraph. Nothing in this paragraph shall be construed to modify any licensure, certification or scope of practice provision under title eight of the education law.

(ff) evidence-based prevention and support services [~~recognized by the federal Centers for Disease Control (CDC),~~] provided by a community-based organization, and designed to prevent individuals at risk of developing diabetes from developing Type 2 diabetes.

§ 26. Paragraph (b) of subdivision 1 of section 365-k of the social services law, as amended by chapter 41 of the laws of 2023, is amended to read as follows:

(b) The standards and guidelines established under this section for providing non-invasive prenatal testing shall not limit availability and coverage for a test based on the age of the pregnant patient, unless the limit is explicitly called for by the generally accepted standards of professional practice [~~or is otherwise recommended by safety communications or guidance issued by the United States food and drug administration, the centers for Medicare and medicaid services, or the United States department of health and human services~~].

§ 27. Clause (i) of subparagraph 2 of paragraph (d) of subdivision 4 of section 366 of the social services law, as added by section 2 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(i) Medical assistance is available under this paragraph to persons who are under sixty-five years of age, have been screened for breast and/or cervical cancer under [~~the Centers for Disease Control and Prevention breast and cervical cancer early detection program~~] **nationally recognized clinical practice guidelines** and need treatment for breast or cervical cancer, and are not otherwise covered under creditable coverage as defined in the federal public health service act; provided however that medical assistance shall be furnished pursuant to this clause only to the extent permitted under federal law, if, for so long as, and to the extent that federal financial participation is available therefor. **For the purposes of this section, "nationally recognized clinical practice" shall have the same meaning as set forth in section sixty-five hundred twenty-three-a of the education law.**

§ 28. Paragraph (d) of subdivision 1 and subdivision 4 of section 178 of the civil service law, as added by chapter 390 of the laws of 2005, are amended to read as follows:

(d) "Significant risk of transmission" means the alleged conduct of or actions taken by an assailant or any other action, situation or event that occurs while a public protection official is performing [~~his or her~~] **their** official duties that has created a recognized and significant risk of infection of a public protection official with the human immunodeficiency virus (HIV), as determined by the commissioner of health,

consistent with guidelines, protocols, and findings of [~~the United States centers for disease control and prevention~~] **nationally recognized clinical practices as defined in section sixty-five hundred twenty-three-a of the education law**.

4. Guidelines. The commissioner of health shall issue guidelines to facilitate the identification of circumstances potentially exposing a public protection official to a significant risk of transmission of the human immunodeficiency virus (HIV). Such guidelines shall be consistent with **nationally recognized clinical practice** criteria [~~accepted by the federal centers for disease control and prevention~~]. Such guidelines shall also provide information regarding related counseling and testing procedures available to such individuals.

§ 29. Subdivision 2 of section 930 of the labor law, as amended by chapter 90 of the laws of 2015, is amended to read as follows:

2. "Mold" means any indoor multi-cellular fungi growth capable of creating toxins that can cause pulmonary, respiratory, neurological or other major illnesses after minimal exposure, as such exposure is defined by [~~the environmental protection agency, centers for disease control and prevention, national institute of health, or other~~] **any** federal, state, or local agency **or organization as determined by the commissioner of health and** organized to study and/or protect human health.

§ 30. Paragraph 2 of subsection (d) of section 2611 of the insurance law, as added by chapter 584 of laws of 1988, is amended to read as follows:

(2) "AIDS" means acquired immune deficiency syndrome[~~, as may be defined from time to time by the centers for disease control of the United States public health service~~].

§ 31. Paragraphs (c) and (e) of subdivision 1 of section 2411 of the public health law, as amended by section 5 of part A of chapter 60 of the laws of 2014, are amended to read as follows:

(c) Consult with [~~the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, the National Academy of Sciences and other~~] organizations or entities which may be involved in cancer research to solicit both information regarding breast cancer research projects that are currently being conducted and recommendations for future research projects;

(e) Solicit, receive, and review applications from public and private agencies and organizations and qualified research institutions for grants from the breast cancer research and education fund, created pursuant to section ninety-seven-yy of the state finance law, to conduct research or educational programs which focus on the causes, prevention, screening, treatment and cure of breast cancer and may include, but are not limited to mapping of breast cancer, and basic, behavioral, clinical, demographic, environmental, epidemiologic and psychosocial research. The board shall make recommendations to the commissioner, and the commissioner shall, in [~~his or her~~] **their** discretion, grant approval of applications for grants from those applications recommended by the board. The board shall consult with [~~the Centers for Disease Control and Prevention, the National Institutes of Health, the Federal Agency For Health Care Policy and Research, the National Academy of Sciences,~~] breast cancer advocacy groups[~~,~~] and other organizations or entities which may be involved in breast cancer research to solicit both information regarding breast cancer research projects that are currently being conducted and recommendations for future research projects. As used in this section, "qualified research institution" may include academic

medical institutions, state or local government agencies, public or private organizations within this state, and any other institution approved by the department, which is conducting a breast cancer research project or educational program. If a board member submits an application for a grant from the breast cancer research and education fund, [~~he or she~~] **they** shall be prohibited from reviewing and making a recommendation on the application;

§ 32. Subsection (a) of section 107 of the insurance law is amended by adding a new paragraph 56 to read as follows:

56. "Nationally recognized clinical practice" shall have the same definition as set forth in section sixty-five hundred twenty-three-a of the education law.

§ 33. Item (iv) of subparagraph (A) of paragraph 12 of subsection (i) of section 3216 of the insurance law, as amended by chapter 357 of the laws of 2010, is amended to read as follows:

(iv) Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the [~~Federal Secretary of Health and Human Services or the Centers for Medicare & Medicaid Services (CMS)~~] **commissioner of health**; or recommended by review article or editorial comment in a major peer reviewed professional journal.

§ 34. Item (ii) of subparagraph (E) of paragraph 17 of subsection (i) of section 3216 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended to read as follows:

(ii) immunizations that have in effect a recommendation [~~from the advisory committee on immunization practices of the centers for disease control and prevention~~] **pursuant to nationally recognized clinical practice guidelines** with respect to the individual involved;

§ 35. Item (ii) of subparagraph (E) of paragraph 8 of subsection (l) of section 3221 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended to read as follows:

(ii) immunizations that have in effect a recommendation [~~from the advisory committee on immunization practices of the centers for disease control and prevention~~] **pursuant to nationally recognized clinical practice guidelines** with respect to the individual involved;

§ 36. Item (iv) of subparagraph (A) of paragraph 12 of subsection (l) of section 3221 of the insurance law, as amended by chapter 357 of the laws of 2010, is amended to read as follows:

(iv) Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the [~~Federal Secretary of Health and Human Services or the Centers for Medicare & Medicaid Services (CMS)~~] **commissioner of health**; or recommended by review article or editorial comment in a major peer reviewed professional journal.

§ 37. Subparagraph (B) of paragraph 3 of subsection (j) of section 4303 of the insurance law, as added by chapter 219 of the laws of 2011, is amended to read as follows:

(B) immunizations that have in effect a recommendation [~~from the advisory committee on immunization practices of the centers for disease control and prevention~~] **pursuant to nationally recognized clinical practice guidelines** with respect to the individual involved;

§ 38. Clause (ii) of subparagraph (F) of paragraph 4 of subsection (b) of section 4322 of the insurance law, as added by chapter 219 of the laws of 2011, is amended to read as follows:

(ii) immunizations that have in effect a recommendation [~~from the advisory committee on immunization practices of the centers for disease control and prevention~~] **pursuant to nationally recognized clinical practice guidelines** with respect to the individual involved;

§ 39. Clause (iii) of subparagraph (B) of paragraph 3 of subsection (j) of section 7813 of the insurance law, as added by chapter 499 of the laws of 2009, is amended to read as follows:

(iii) having a level of disability similar to that described in clause (i) of this subparagraph, as determined by [~~the United States Secretary of Health and Human Services~~] nationally recognized best practices.

§ 40. Paragraph 4 of subdivision (c) of section 36.04 of the mental hygiene law, as added by section 1 of part HH of chapter 57 of the laws of 2023, is amended to read as follows:

(4) where executed, agreements establishing formal relationships with designated collaborating organizations to provide certain certified community behavioral health clinic services[~~, consistent with guidance issued by the United States department of health and human services substance abuse and mental health services administration and the office of mental health and the office of addiction services and supports~~];

§ 41. Subdivision (a) of section 418 of the family court act, as amended by chapter 214 of the laws of 1998, is amended to read as follows:

(a) The court, on its own motion or motion of any party, when paternity is contested, shall order the mother, the child and the alleged father to submit to one or more genetic marker or DNA marker tests of a type generally acknowledged as reliable by an accreditation body [~~designated by the secretary of the federal department of health and human services~~] and performed by a laboratory approved by such an accreditation body and by the commissioner of health or by a duly qualified physician to aid in the determination of whether the alleged father is or is not the father of the child. No such test shall be ordered, however, upon a written finding by the court that it is not in the best interests of the child on the basis of res judicata, equitable estoppel or the presumption of legitimacy of a child born to a married woman. The record or report of the results of any such genetic marker or DNA test shall be received in evidence, pursuant to subdivision (e) of rule forty-five hundred eighteen of the civil practice law and rules where no timely objection in writing has been made thereto. Any order pursuant to this section shall state in plain language that the results of such test shall be admitted into evidence, pursuant to rule forty-five hundred eighteen of the civil practice law and rules absent timely objections thereto and that if such timely objections are not made, they shall be deemed waived and shall not be heard by the court. If the record or report of results of any such genetic marker or DNA test or tests indicate at least a ninety-five percent probability of paternity, the admission of such record or report shall create a rebuttable presumption of paternity, and, if unrebutted, shall establish the paternity of and liability for the support of a child pursuant to this article and article five of this act.

§ 42. Subdivision (a) of section 532 of the family court act, as amended by chapter 214 of the laws of 1998, is amended to read as follows:

(a) The court shall advise the parties of their right to one or more genetic marker tests or DNA tests and, on the court's own motion or the motion of any party, shall order the mother, her child and the alleged father to submit to one or more genetic marker or DNA tests of a type generally acknowledged as reliable by an accreditation body [~~designated by the secretary of the federal department of health and human services~~] and performed by a laboratory approved by such an accreditation body and by the commissioner of health or by a duly qualified physician to aid in

the determination of whether the alleged father is or is not the father of the child. No such test shall be ordered, however, upon a written finding by the court that it is not in the best interests of the child on the basis of res judicata, equitable estoppel, or the presumption of legitimacy of a child born to a married woman. The record or report of the results of any such genetic marker or DNA test ordered pursuant to this section or pursuant to section one hundred eleven-k of the social services law shall be received in evidence by the court pursuant to subdivision (e) of rule forty-five hundred eighteen of the civil practice law and rules where no timely objection in writing has been made thereto and that if such timely objections are not made, they shall be deemed waived and shall not be heard by the court. If the record or report of the results of any such genetic marker or DNA test or tests indicate at least a ninety-five percent probability of paternity, the admission of such record or report shall create a rebuttable presumption of paternity, and shall establish, if unrebutted, the paternity of and liability for the support of a child pursuant to this article and article four of this act.

§ 43. Paragraph (iv) of subdivision (d-1) of section 756-a of the family court act, as amended by section 14-a of part K of chapter 56 of the laws of 2019, is amended to read as follows:

(iv) whether and when the child: (A) will be returned to the parent; (B) should be placed for adoption with the social services official filing a petition for termination of parental rights; (C) should be referred for legal guardianship; (D) should be placed permanently with a fit and willing relative; or (E) should be placed in another planned permanent living arrangement with a significant connection to an adult willing to be a permanency resource for the child if the child is age sixteen or older and (1) the social services official has documented to the court: (I) intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made by the social services district to return the child home or secure a placement for the child with a fit and willing relative including adult siblings, a legal guardian, or an adoptive parent, including through efforts that utilize search technology including social media to find biological family members for children, (II) the steps the social services district is taking to ensure that (A) the child's foster family home or child care facility is following the reasonable and prudent parent standard in accordance with [~~guidance provided by the United States department of health and human services~~] nationally recognized best practices, and (B) the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in activities; and (2) the social services district has documented to the court and the court has determined that there are compelling reasons for determining that it continues to not be in the best interest of the child to return home, be referred for termination of parental rights and placed for adoption, placed with a fit and willing relative, or placed with a legal guardian; and (3) the court has made a determination explaining why, as of the date of the hearing, another planned living arrangement with a significant connection to an adult willing to be a permanency resource for the child is the best permanency plan for the child; and

§ 44. Subdivisions 4 and 6 of section 11-c of the volunteer ambulance workers' benefit law, as added by chapter 603 of the laws of 2006, are amended to read as follows:

4. For the purposes of this section, the term "significant risk of transmission" means the alleged conduct or actions taken by a victim or patient or any other action, situation or event that occurs while a volunteer ambulance worker is performing services in the line of duty that has created a recognized and significant risk of infection of a volunteer ambulance worker with the human immunodeficiency virus (HIV), as determined by the commissioner of health, consistent with guidelines, protocols, and findings of [~~the United States centers for disease control and prevention~~] **nationally recognized clinical practices as such term is defined in section sixty-five hundred twenty-three-a of the education law**.

6. The commissioner of health shall issue guidelines to facilitate the identification of circumstances potentially exposing a volunteer ambulance worker to a significant risk of transmission of the human immunodeficiency virus (HIV). Such guidelines shall be consistent with criteria [~~accepted by the federal centers for disease control and prevention~~] **of nationally recognized clinical practices as such term is defined in section sixty-five hundred twenty-three-a of the education law**. Such guidelines shall also provide information regarding related counseling and testing procedures available to such individuals.

§ 45. Subdivisions 4 and 6 of section 11-c of the volunteer firefighters' benefit law, as added by chapter 603 of the laws of 2006, are amended to read as follows:

4. For the purposes of this section, the term "significant risk of transmission" means the alleged conduct or actions taken by a victim or patient or any other action, situation or event that occurs while a volunteer firefighter is performing services in the line of duty that has created a recognized and significant risk of infection of a volunteer firefighter with the human immunodeficiency virus (HIV), as determined by the commissioner of health, consistent with guidelines, protocols, and findings of [~~the United States centers for disease control and prevention~~] **nationally recognized clinical practices as such term is defined in section sixty-five hundred twenty-three-a of the education law**.

6. The commissioner of health shall issue guidelines to facilitate the identification of circumstances potentially exposing a volunteer firefighter to a significant risk of transmission of the human immunodeficiency virus (HIV). Such guidelines shall be consistent with **nationally recognized clinical practice** criteria [~~accepted by the federal centers for disease control and prevention~~]. Such guidelines shall also provide information regarding related counseling and testing procedures available to such individuals.

§ 46. Subdivision 1 of section 169 of the workers' compensation law, as added by chapter 559 of the laws of 2022, is amended to read as follows:

1. The board shall accept the certifications [~~of the Centers for Disease Control and Prevention World Trade Center Health Program~~] **as determined by the commissioner of health** as presumptive evidence of causation of certified illnesses pursuant to 42 USC 300mm for claims filed for conditions of impairment of health or death pursuant to a qualifying condition.

§ 47. This act shall take effect immediately.