STATE OF NEW YORK

4640--A

2025-2026 Regular Sessions

IN SENATE

February 10, 2025

Introduced by Sen. FERNANDEZ -- read twice and ordered printed, and when printed to be committed to the Committee on Alcoholism and Substance Use Disorders -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to onsite overdose response services and requiring certain locations and venues to maintain a supply of opioid antagonists

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

Section 1. Subdivisions 1, 3, 4 and 8 of section 3309 of the public health law, subdivisions 1 and 3 as amended by chapter 42 of the laws of 2014, subparagraph (iv) of paragraph (a) of subdivision 3 and subdivision 4 as amended and subparagraph (v) of paragraph (a) of subdivision 3 as added by chapter 148 of the laws of 2020, subparagraph (vi) of paragraph (a) of subdivision 3 and subdivision 8 as added by chapter 83 of the laws of 2023, and subparagraph (v) of paragraph (b) of subdivision 3 as added by chapter 65 of the laws of 2016, are amended to read as follows:

1. The commissioner is authorized to establish standards for approval of any opioid overdose prevention program, **onsite overdose response services,** and opioid antagonist prescribing, dispensing, distribution, possession and administration pursuant to this section which may include, but not be limited to, standards for program directors, appropriate clinical oversight, training, record keeping and reporting.

3. (a) As used in this section:

(i) "Opioid antagonist" means a drug approved by the Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body. "Opioid antagonist" shall be limited to naloxone and other medications approved by the department for such purpose.

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

LBD08571-02-5

(ii) "Health care professional" means a person licensed, registered or authorized pursuant to title eight of the education law to prescribe prescription drugs.

(iii) "Pharmacist" means a person licensed or authorized to practice pharmacy pursuant to article one hundred thirty-seven of the education law.

(iv) "Opioid antagonist recipient" [~~or "recipient"~~] means a person at risk of experiencing an opioid-related overdose, or a family member, friend or other person in a position to assist a person experiencing or at risk of experiencing an opioid-related overdose, or an organization registered as an opioid overdose prevention program pursuant to this section or any person or entity or any person employed by the person or entity.

(v) As used in this section, "entity" includes, but is not limited to, **a health care institution, a not-for-profit charitable organization,** a school district, public library, board of cooperative educational services, county vocational education and extension board, charter school, non-public elementary or secondary school, restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel [~~or~~], motel **or public institutions or buildings**.

(vi) "Nightlife establishment" means an establishment that is open to the public for entertainment or leisure, serves alcohol or where alcohol is consumed on the premises, and conducts a large volume of business at night. Such term includes, but is not limited to, bars, entertainment venues, clubs and restaurants.

(vii) "Onsite overdose response services" means the provision of trained staff who monitor for signs of overdose and respond to suspected drug overdoses to prevent death and other negative health consequences associated with drug use, including by administering opioid antagonists when appropriate.

(b)(i) A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient.

(ii) A pharmacist may dispense an opioid antagonist, through a patient-specific or non-patient-specific prescription pursuant to this paragraph, to an opioid antagonist recipient.

(iii) An opioid antagonist recipient may possess an opioid antagonist obtained pursuant to this paragraph, may distribute such opioid antagonist to [~~a~~] **another opioid antagonist** recipient, and may administer such opioid antagonist to a person the **opioid antagonist** recipient reasonably believes is experiencing an opioid overdose.

(iv) The provisions of this paragraph shall not be deemed to require a prescription for any opioid antagonist that does not otherwise require a prescription; nor shall it be deemed to limit the authority of a health care professional to prescribe, dispense or distribute, or of a pharmacist to dispense, an opioid antagonist under any other provision of law.

(v) Any pharmacy with twenty or more locations in the state, shall either: (1) pursue or maintain a non-patient-specific prescription with an authorized health care professional to dispense an opioid antagonist to a consumer upon request, as authorized by this section; or (2) register with the department as an opioid overdose prevention program.

4. (a) Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

(b) [~~A~~] **An opioid antagonist** recipient, **recipient of onsite overdose response services, entity providing onsite overdose response services,** opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.

8. The commissioner shall establish guidelines for onsite [~~opioid~~] overdose response [~~capacity~~] **services, including** in nightlife establishments**, sporting or event centers, theaters, concert venues, and amusement parks. Such guidelines shall include, but not be limited to:**

(a) maintaining a supply of unexpired opioid antagonist nasal spray; and

(b) having employed and at such location whenever in operation at least two persons trained in identifying opioid overdoses and using opioid antagonists.

§ 2. Subdivision 2 of section 3309-b of the public health law, as amended by chapter 16 of the laws of 2024, is amended to read as follows:

2. A health care professional**, opioid overdose prevention program, provider of onsite overdose response services,** or pharmacist is authorized to dispense drug adulterant testing supplies to any person.

§ 3. Section 3000-a of the public health law, as amended by chapter 69 of the laws of 1994, and subdivision 2 as amended by chapter 373 of the laws of 2016, is amended to read as follows:

§ 3000-a. Emergency medical treatment. 1. Except as provided in subdivision six of section six thousand six hundred eleven, subdivision two of section six thousand five hundred twenty-seven, subdivision one of section six thousand nine hundred nine and sections six thousand five hundred forty-seven and six thousand seven hundred thirty-seven of the education law, any person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment**, including but not limited to the use of resuscitation equipment that facilitates first aid, an automated external defibrillator, an epinephrine auto-injector device, or an opioid antagonist,** at the scene of an accident or other emergency outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill, or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such person. Nothing in this section shall be deemed or construed to relieve a licensed physician, dentist, nurse, physical therapist or registered physician's assistant from liability for damages for injuries or death caused by an act or omission on the part of such person while rendering professional services in the normal and ordinary course of [~~his or her~~] **such person's** practice.

2. (i) Any person or entity that purchases, operates, facilitates implementation or makes available resuscitation equipment that facilitates first aid, an automated external defibrillator**, an opioid antagonist, pursuant to section thirty-three hundred nine of this chapter,** or an epinephrine auto-injector device as required by or pursuant to law or local law, or that conducts training under section three thousand-c of this article, or (ii) an emergency health care provider under a collaborative agreement pursuant to section three thousand-b of this article with respect to an automated external defibrillator, [~~or~~] (iii) a health

care practitioner that prescribes, dispenses or provides an epinephrine auto-injector device under section three thousand-c of this article, **or (iv) a health care practitioner that prescribes, dispenses or provides an opioid antagonist** shall not be liable for damages arising either from the use of that equipment by a person who voluntarily and without expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or medical emergency, or from the use of defectively manufactured equipment; provided that this subdivision shall not limit the person's or entity's, the emergency health care provider's, or other health care practitioner's liability for [~~his, her or its~~] **such person or entity's** own negligence, gross negligence or intentional misconduct.

§ 4. This act shall take effect immediately.