

5863

2011-2012 Regular Sessions

I N   S E N A T E

July 22, 2011

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Introduced by Sens. KLEIN, CARLUCCI, SAVINO -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law, in relation to establishing the asthma prevention and education program (Part A); to amend the public health law, in relation to in-utero exposure to tobacco smoke prevention (Part B); to amend the public health law, in relation to reporting on the incidence of asthma (Part C); to amend the public health law, in relation to including certain respiratory diseases within disease management demonstration programs (Part D); to amend the public health law, in relation to the reduction of emphysema, chronic bronchitis and other chronic respiratory diseases in children (Part E); to amend the public health law, in relation to smoking restrictions in certain outdoor areas (Part F); to amend the education law, in relation to requiring all teachers to be trained in identifying and responding to asthma emergencies (Part G); to amend the real property law, in relation to residential rental property smoking policies (Part H); to amend the education law, in relation to requiring school districts and private elementary and secondary schools to establish and implement rules prohibiting the engine of any motor vehicle to remain idling while parked or standing on school grounds (Part I); to amend the education law, in relation to the use of inhalers and nebulizers (Part J); to amend the environmental conservation law, in relation to pesticide alternatives used at schools and day care centers (Part K); and to amend the public buildings law, in relation to curtailing the use of cleaning materials that induce or trigger asthma episodes (Part L)

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     Section 1. This act enacts into law major components of legislation  
2     which combat the incidence of asthma and other respiratory diseases such  
3     as emphysema and chronic bronchitis. Each component is wholly contained

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

LBD13258-03-1

within a Part identified as Parts A through L. The effective date for each particular provision contained within such Part is set forth in the last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes a reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Part in which it is found. Section four of this act sets forth the general effective date of this act.

S 2. Legislative findings and purpose. The legislature finds that asthma is a chronic, potentially life-threatening, respiratory illness that affects over a million New Yorkers, including thousands of children and adolescents. Asthma is the leading cause of school absences attributed to chronic conditions. Asthma is also directly linked to large and growing inpatient bills for medicaid and other health care payers. Therefore, the legislature finds that establishing a comprehensive statewide asthma prevention management and control program which coordinates the efforts of individuals, families, health care providers, schools and community-based organizations is in the public interest and would benefit the people of the state of New York.

## PART A

Section 1. The public health law is amended by adding a new article 27-BB to read as follows:

### ARTICLE 27-BB

#### ASTHMA DISEASE MANAGEMENT AND CONTROL

SECTION 2725. ASTHMA DISEASE MANAGEMENT AND CONTROL PROGRAM.

2726. STUDY OF ASTHMA INCIDENCE AND PREVALENCE.

2727. ANNUAL REPORT.

S 2725. ASTHMA DISEASE MANAGEMENT AND CONTROL PROGRAM. 1. THERE IS HEREBY CREATED WITHIN THE DEPARTMENT THE ASTHMA DISEASE MANAGEMENT AND CONTROL PROGRAM (HEREINAFTER REFERRED TO IN THIS ARTICLE AS THE "PROGRAM"). THE PURPOSE OF THE PROGRAM IS TO PROMOTE ASTHMA DISEASE MANAGEMENT AND EDUCATION AND OUTREACH ABOUT ASTHMA TO PEOPLE WHO SUFFER FROM ASTHMA AND THEIR FAMILIES, HEALTH CARE PROVIDERS, AND THE GENERAL PUBLIC.

2. SERVICES TO BE PROVIDED BY THE PROGRAM MAY INCLUDE:

(A) ASTHMA DISEASE MANAGEMENT AND CASE MANAGEMENT FOR PATIENTS AND THEIR FAMILIES;

(B) ASTHMA OUTREACH AND SCREENING;

(C) THE PROMOTION OF AWARENESS OF THE CAUSES OF ASTHMA;

(D) EDUCATION ON PREVENTION STRATEGIES;

(E) EDUCATION ON PROPER DISEASE MANAGEMENT PRACTICES; AND

(F) EDUCATION ON AVAILABLE TREATMENT MODALITIES.

3. THE COMMISSIONER SHALL MAKE GRANTS WITHIN THE AMOUNTS APPROPRIATED THEREFOR TO LOCAL HEALTH AGENCIES, HEALTH CARE PROVIDERS, SCHOOLS, SCHOOL BASED HEALTH CENTERS AND COMMUNITY-BASED ORGANIZATIONS, AND OTHER ORGANIZATIONS WITH DEMONSTRATED INTEREST AND EXPERTISE IN SERVING PERSONS WITH ASTHMA TO PROVIDE THE SERVICES SET OUT IN THIS SECTION. GRANT RECIPIENTS SHALL BE GOVERNMENT ENTITIES OR NOT-FOR-PROFIT ORGANIZATIONS.

THE COMMISSIONER MAY COORDINATE GRANTS UNDER THIS SUBDIVISION WITH THE AVAILABILITY OF GRANTS FROM OTHER SOURCES. THE COMMISSIONER MAY ALSO ACCEPT OR SEEK GRANTS FROM OTHER SOURCES TO ENHANCE THE AMOUNTS APPROPRIATED TO THE PROGRAM.

1 S 2726. STUDY OF ASTHMA INCIDENCE AND PREVALENCE. 1. THE DEPARTMENT  
2 SHALL STUDY THE INCIDENCE AND PREVALENCE OF ASTHMA IN THE STATE'S POPU-  
3 LATION AND CURRENT DISEASE MANAGEMENT PRACTICES. SUCH STUDY SHALL  
4 UTILIZE INFORMATION OBTAINED PURSUANT TO ARTICLE TWENTY-FOUR-F OF THIS  
5 CHAPTER, AND INCLUDE:

6 (A) THE CAUSE AND NATURE OF THE DISEASE;  
7 (B) BEHAVIORAL AND ENVIRONMENTAL TRIGGERS;  
8 (C) AN ASSESSMENT OF THE NEED FOR PATIENT-CENTERED CASE MANAGEMENT TO  
9 MEET SPECIFIC PHYSICAL AND ENVIRONMENTAL NEEDS OF PATIENTS;

10 (D) OUTCOME EVALUATIONS, INCLUDING, BUT NOT LIMITED TO, PATIENT  
11 PERCEPTIONS OF IMPROVEMENT, SIGNS AND SYMPTOMS OF ASTHMA, PULMONARY  
12 FUNCTION, HISTORY OF ASTHMA EXACERBATIONS, PHARMACOTHERAPY, ASSESSMENT  
13 OF HOSPITAL EMERGENCY ROOM VISITS FOR ASTHMA, AND PATIENT-PROVIDER  
14 COMMUNICATION; AND

15 (E) AN ASSESSMENT OF THE ABILITY OF PROVIDERS, INCLUDING NON-PROFES-  
16 SIONALS AND HEALTH CARE PROFESSIONALS SUCH AS PHYSICIANS, NURSES, PHAR-  
17 MACISTS AND RESPIRATORY THERAPISTS, TO SYSTEMICALLY INSTRUCT AND DEVELOP  
18 ASTHMA MANAGEMENT PLANS FOR PATIENTS AND FREQUENTLY REVIEW WITH PATIENTS  
19 AND THEIR FAMILIES HOW TO MANAGE AND CONTROL THEIR ASTHMA.

20 2. THE DEPARTMENT SHALL GATHER DATA FOR MONITORING THE OCCURRENCE,  
21 FREQUENCY, INCIDENCE, CAUSE, EFFECT AND SEVERITY OF ASTHMA.

22 (A) THE DEPARTMENT MAY REQUIRE THE FOLLOWING TO REPORT DATA UNDER THIS  
23 SUBDIVISION:

24 I. THE STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS);

25 II. HEALTH MAINTENANCE ORGANIZATIONS LICENSED PURSUANT TO ARTICLE  
26 FORTY-THREE OF THE INSURANCE LAW OR CERTIFIED PURSUANT TO THIS CHAPTER  
27 OR AN INDEPENDENT PRACTICE ASSOCIATION CERTIFIED OR RECOGNIZED PURSUANT  
28 TO THIS CHAPTER;

29 III. OTHER INSURERS;

30 IV. THE MEDICAID (TITLE XIX OF THE FEDERAL SOCIAL SECURITY ACT)  
31 PROGRAM;

32 V. HEALTH FACILITIES;

33 VI. HEALTH CARE PRACTITIONERS;

34 VII. PATIENTS: SELF REPORTING;

35 VIII. THE DEPARTMENT OF ENVIRONMENTAL CONSERVATION; AND

36 IX. ANY OTHER SOURCE THE COMMISSIONER DEEMS APPROPRIATE.

37 (B) THE DEPARTMENT SHALL COMPILE AND ANALYZE DATA GATHERED UNDER PARA-  
38 GRAPH (A) OF THIS SUBDIVISION AND ARTICLE TWENTY-FOUR-F OF THIS CHAPTER,  
39 AND CORRELATE IT WITH DATA AS TO PLACES OF EMPLOYMENT, AREAS OF RESI-  
40 DENCE, SCHOOLS ATTENDED, AGES OF THOSE AFFLICTED, ENVIRONMENTAL FACTORS  
41 INCLUDING PROXIMITY TO SOURCE OF POLLUTION AND SUCH OTHER DATA AS THE  
42 DEPARTMENT DEEMS APPROPRIATE.

43 (C) THE DEPARTMENT SHALL MAINTAIN AND COMPILE REPORTED DATA IN A  
44 MANNER SUITABLE FOR RESEARCH PURPOSES AND SHALL COLLECT AND MAKE SUCH  
45 DATA AVAILABLE TO PERSONS IN THE MANNER SET FORTH IN SUBDIVISION THREE  
46 OF THIS SECTION.

47 3. ANY DATA COLLECTED OR REPORTED SHALL NOT CONTAIN THE NAME OF ANY  
48 PATIENT, HIS OR HER SOCIAL SECURITY NUMBER, OR ANY OTHER INFORMATION  
49 WHICH WOULD PERMIT A PATIENT TO BE IDENTIFIED. THE DEPARTMENT SHALL  
50 DEVELOP A UNIQUE, CONFIDENTIAL IDENTIFIER TO BE USED IN THE COLLECTION  
51 OF PATIENT INFORMATION AS REQUIRED BY THIS SECTION.

52 S 2727. ANNUAL REPORT. COMMENCING ON THE FIRST OF JANUARY NEXT  
53 SUCCEEDING THE EFFECTIVE DATE OF THIS SECTION AND ANNUALLY THEREAFTER,  
54 THE COMMISSIONER SHALL SUBMIT A REPORT REGARDING THE STATUS AND ACCOM-  
55 PLISHMENTS OF THE PROGRAM AND PROVIDE RECOMMENDATIONS TO THE GOVERNOR,  
56 THE TEMPORARY PRESIDENT AND THE MINORITY LEADER OF THE SENATE, AND THE

1 SPEAKER AND THE MINORITY LEADER OF THE ASSEMBLY. SUCH REPORT MAY BE  
2 SUBMITTED IN CONJUNCTION WITH THE REPORT REQUIRED BY ARTICLE  
3 TWENTY-FOUR-F OF THIS CHAPTER.

4 S 2. This act shall take effect on the one hundred eightieth day after  
5 it shall have become law. Effective immediately the commissioner of  
6 health is authorized to promulgate any and all rules and regulations and  
7 take any other measures necessary to implement the provisions of this  
8 act on its effective date.

9 PART B

10 Section 1. The public health law is amended by adding a new article  
11 13-I to read as follows:

12 ARTICLE 13-I

13 IN-UTERO EXPOSURE TO TOBACCO SMOKE PREVENTION

14 SECTION 1399-XX. IN-UTERO EXPOSURE PREVENTION.

15 1399-YY. PROGRAMS.

16 S 1399-XX. IN-UTERO EXPOSURE PREVENTION. 1. EVERY HEALTHCARE PROVIDER,  
17 HEALTHCARE INSURER AND PREGNANCY PROGRAM SHALL DISTRIBUTE INFORMATION ON  
18 THE ADVERSE EFFECTS OF SMOKING DURING PREGNANCY FOR BOTH FIRSTHAND AND  
19 SECONDHAND SMOKE. SUCH ADVERSE EFFECTS TO THE INFANT INCLUDE LOWER BIRTH  
20 RATES, HIGHER INCIDENCE OF ASTHMA AND OBESITY, AND COGNITIVE AND DEVEL-  
21 OPMENTAL DAMAGE.

22 2. EVERY HEALTHCARE PROVIDER SHALL MONITOR EXPECTANT MOTHERS' SMOKING  
23 STATUSES AND OFFER CONTINUOUS TAILORED DISCUSSION OF QUITTING SMOKING  
24 WITH EXPECTANT MOTHERS DURING THEIR PRENATAL CARE.

25 S 1399-YY. PROGRAMS. THE FOLLOWING PROGRAMS SHALL BE ADDED TO EXISTING  
26 TOBACCO CONTROL PROGRAMS FOR PREGNANT WOMEN OR TO OTHER PREGNANCY  
27 RELATED PROGRAMS:

28 1. CARBON MONOXIDE MONITORING;

29 2. DEPRESSION, SOCIAL SUPPORT AND DOMESTIC VIOLENCE SCREENING AND  
30 REFERRALS;

31 3. REFERRALS FOR SMOKING CESSATION FOR HOUSEHOLD MEMBERS;

32 4. ONGOING SUPPORT BY COUNSELING AND EDUCATIONAL MATERIALS; AND

33 5. FINANCIAL INCENTIVES SUCH AS SHIPPING VOUCHER OR DIAPER COUPONS FOR  
34 QUITTING FOR MORE THAN FOUR WEEKS.

35 S 2. This act shall take effect on the one hundred eightieth day after  
36 it shall have become a law. Provided, that effective immediately the  
37 commissioner of health is authorized and directed to promulgate any and  
38 all rules and regulations, and take any other measures necessary to  
39 implement the provisions of this act on its effective date.

40 PART C

41 Section 1. The public health law is amended by adding a new article  
42 24-F to read as follows:

43 ARTICLE 24-F

44 ASTHMA REPORTING

45 SECTION 2499-B. ASTHMA; DUTY TO REPORT.

46 2499-C. REPORTING.

47 2499-D. ASTHMA; REPORTS CONFIDENTIAL.

48 S 2499-B. ASTHMA; DUTY TO REPORT. 1. EVERY PHYSICIAN AND OTHER HEALTH  
49 CARE PROVIDER SHALL GIVE NOTICE TO THE DEPARTMENT WITHIN THIRTY DAYS OF  
50 EVERY INCIDENT OF AN ASTHMA ATTACK COMING UNDER HIS OR HER CARE, EXCEPT  
51 AS OTHERWISE PROVIDED.

2. THE PERSON IN CHARGE OF EVERY ASTHMA REPORTING FACILITY SHALL GIVE NOTICE TO THE DEPARTMENT WITHIN THIRTY DAYS OF EVERY INCIDENT OF AN ASTHMA ATTACK COMING UNDER THE CARE OF SUCH FACILITY.

3. THE DEPARTMENT SHALL ESTABLISH REGULATIONS DESIGNATING WHICH SPECIFIC INFORMATION SHALL BE REPORTED TO THE DEPARTMENT PURSUANT TO THIS SECTION.

4. A PHYSICIAN OR HEALTH CARE PROVIDER OR ASTHMA REPORTING FACILITY WHICH VIOLATES ANY PROVISION OF THIS SECTION SHALL BE SUBJECT TO A CIVIL PENALTY PURSUANT TO SECTION TWELVE OF THIS CHAPTER.

5. THE NOTICES REQUIRED BY THIS SECTION SHALL BE UPON FORMS SUPPLIED BY THE COMMISSIONER AND SHALL CONTAIN SUCH INFORMATION AS SHALL BE REQUIRED BY THE COMMISSIONER.

6. FOR THE PURPOSES OF THIS SECTION, AN "ASTHMA REPORTING FACILITY" MEANS A HOSPITAL AS DEFINED IN ARTICLE TWENTY-EIGHT OF THIS CHAPTER, CLINIC, ANY ORGANIZATION CERTIFIED PURSUANT TO ARTICLE FORTY-FOUR OF THIS CHAPTER, OR OTHER SIMILAR PUBLIC OR PRIVATE INSTITUTION.

S 2499-C. REPORTING. 1. THE COMMISSIONER SHALL SUBMIT BIENNIAL REPORTS TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEADER OF THE SENATE AND THE MINORITY LEADER OF THE ASSEMBLY. THE REPORTS SHALL INCLUDE AN EVALUATION OF THE ASTHMA REGISTRY AS IT RELATES TO TIMELINESS, QUALITY AND COMPLETENESS; AN EVALUATION OF THE UTILITY OF THE REGISTRY FOR SCIENTIFIC RESEARCH; AN EVALUATION OF THE ACCESS, TIMELINESS AND QUALITY OF REPORTING INFORMATION TO RESEARCHERS AND OTHER SIMILAR INDIVIDUALS; AN EVALUATION OF THE REGISTRY'S DATA ELEMENTS, INCLUDING TREATMENT, SEVERITY OF DISEASE, OCCUPATION, AGE AND RESIDENCE; AN EVALUATION OF THE FEASIBILITY AND UTILITY OF INCLUSION OF OCCUPATIONAL HISTORY AND RESIDENCE HISTORY; AND AN EVALUATION OF INTEGRATING THE REGISTRY WITH OTHER DATABASES MAINTAINED BY STATE AGENCIES AND DEPARTMENTS, INCLUDING THE STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM.

2. THE COMMISSIONER SHALL SUBMIT AN ANNUAL REPORT TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEADER OF THE SENATE AND THE MINORITY LEADER OF THE ASSEMBLY. SUCH REPORT SHALL INCLUDE AN EVALUATION OF WHETHER THE REGISTRY IS ACHIEVING ASTHMA INCIDENCE REGISTRY GOALS ESTABLISHED BY A NATIONALLY RECOGNIZED ASTHMA REGISTRY ORGANIZATION, INCLUDING NUMERICAL GOALS CONCERNING TIMELINESS, QUALITY, AND COMPLETENESS.

S 2499-D. ASTHMA; REPORTS CONFIDENTIAL. THE REPORTS OF ASTHMA ATTACKS MADE PURSUANT TO THE PROVISIONS OF THIS ARTICLE SHALL NOT BE DIVULGED OR MADE PUBLIC BY ANY PERSON SO AS TO DISCLOSE THE IDENTITY OF ANY PERSON TO WHOM THEY RELATE, EXCEPT IN SO FAR AS MAY BE AUTHORIZED IN THE SANITARY CODE.

S 2. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the commissioner of health is authorized to promulgate any and all rules and regulations and take any other measures necessary to implement this act on its effective date on or before such date.

#### PART D

Section 1. Subdivisions 2 and 4 of section 2111 of the public health law, as added by section 21 of part C of chapter 58 of the laws of 2004, are amended to read as follows:

2. The department shall establish the criteria by which individuals will be identified as eligible for enrollment in the demonstration programs. Persons eligible for enrollment in the disease management

1 demonstration program shall be limited to individuals who: receive  
2 medical assistance pursuant to title eleven of article five of the  
3 social services law and may be eligible for benefits pursuant to title  
4 18 of the social security act (Medicare); are not enrolled in a Medicaid  
5 managed care plan, including individuals who are not required or not  
6 eligible to participate in Medicaid managed care programs pursuant to  
7 section three hundred sixty-four-j of the social services law; are diag-  
8 nosed with chronic health problems as may be specified by the entity  
9 undertaking the demonstration program, including, but not limited to one  
10 or more of the following: congestive heart failure, chronic obstructive  
11 pulmonary disease, asthma, EMPHYSEMA, CHRONIC BRONCHITIS, OTHER RESPIR-  
12 ATORY DISEASES, diabetes or other chronic health conditions as may be  
13 specified by the department; or have experienced or are likely to expe-  
14 rience one or more hospitalizations or are otherwise expected to incur  
15 excessive costs and high utilization of health care services.

16 4. The demonstration program shall offer evidence-based services and  
17 interventions designed to ensure that the enrollees receive high quali-  
18 ty, preventative and cost-effective care, aimed at reducing the necessi-  
19 ty for hospitalization or emergency room care or at reducing lengths of  
20 stay when hospitalization is necessary. The demonstration program may  
21 include screening of eligible enrollees, developing an individualized  
22 care management plan for each enrollee and implementing that plan.  
23 Disease management demonstration programs that utilize information tech-  
24 nology systems that allow for continuous application of evidence-based  
25 guidelines to medical assistance claims data and other available data to  
26 identify specific instances in which clinical interventions are justi-  
27 fied and communicate indicated interventions to physicians, health care  
28 providers and/or patients, and monitor physician and health care provid-  
29 er response to such interventions, shall have the enrollees, or groups  
30 of enrollees, approved by the department for participation. The services  
31 provided by the demonstration program as part of the care management  
32 plan may include, but are not limited to, case management, social work,  
33 individualized health counselors, multi-behavioral goals plans, claims  
34 data management, health and self-care education, drug therapy management  
35 and oversight, personal emergency response systems and other monitoring  
36 technologies, SYSTEMATIC CHRONIC HEALTH CONDITIONS IDENTIFIED FOR MONI-  
37 TORING, telehealth services and similar services designed to improve the  
38 quality and cost-effectiveness of health care services.

39 S 2. This act shall take effect immediately.

40

## PART E

41 Section 1. Subdivision 1 of section 2599-b of the public health law,  
42 as amended by section 88 of part B of chapter 58 of the laws of 2005, is  
43 amended to read as follows:

44 1. The program shall be designed to prevent and reduce the incidence  
45 and prevalence of obesity in children and adolescents, especially among  
46 populations with high rates of obesity and obesity-related health  
47 complications including, but not limited to, diabetes, heart disease,  
48 cancer, osteoarthritis, asthma, EMPHYSEMA, CHRONIC BRONCHITIS, OTHER  
49 CHRONIC RESPIRATORY DISEASES and other conditions. The program shall use  
50 recommendations and goals of the United States departments of agricul-  
51 ture and health and human services, the surgeon general and centers for  
52 disease control in developing and implementing guidelines for nutrition  
53 education and physical activity projects as part of obesity prevention  
54 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.

S 2. Paragraphs (f) and (g) of subdivision 2 of section 2599-b of the public health law, as amended by section 88 of part B of chapter 58 of the laws of 2005, are amended and a new paragraph (h) is added to read as follows:

(f) developing training programs for medical and other health professionals to teach practical skills in nutrition and exercise education to children and their parents and caregivers; [and]

(g) developing screening programs in coordination with health care providers and institutions including but not limited to day care centers and schools for overweight and obesity for children aged two through eighteen years, using body mass index (BMI) appropriate for age and gender, and notification, in a manner protecting the confidentiality of such children and their families, of parents of BMI status, and explanation of the consequences of such status, including recommended actions parents may need to take and information about resources and referrals available to families to enhance nutrition and physical activity to reduce and prevent obesity[.]; AND

(H) COORDINATING WITH THE EDUCATION DEPARTMENT, OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE, OFFICE OF CHILDREN AND FAMILY SERVICES AND OTHER FEDERAL, STATE AND LOCAL AGENCIES TO INCORPORATE STRATEGIES TO CURTAIL THE INCIDENCE OF ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS AND OTHER CHRONIC RESPIRATORY DISEASES TO ENABLE ADULTS AND CHILDREN TO SAFELY INCREASE PHYSICAL ACTIVITY TO HELP CURB THE INCIDENCE OF OBESITY.

S 3. This act shall take effect immediately.

## PART F

Section 1. Legislative intent. The legislature recognizes that exposure to second-hand smoke is known to cause cancer, pneumonia, asthma, bronchitis and heart disease in humans, and to trigger asthma attacks. The legislature finds that prohibiting smoking within a presumptively reasonable minimum distance of fifteen feet from entrances and exits that serve enclosed areas where smoking is prohibited is consistent with such prohibition. This legislation will apply to any individual occupying such area with the purpose of smoking, but provides exceptions for individuals passing through such area. Therefore, the legislature finds that smoking in such area shall be prohibited and owners and other individuals in control of such area are recommended to post signs indicating no smoking areas and providing for fines for violations.

S 2. The public health law is amended by adding a new section 1399-o-1 to read as follows:

S 1399-O-1. SMOKING RESTRICTIONS; CERTAIN OUTDOOR AREAS. 1. SMOKING IS PROHIBITED WITHIN A PRESUMPTIVELY REASONABLE MINIMUM DISTANCE OF FIFTEEN FEET FROM ENTRANCES OR EXITS OF PUBLIC BUILDINGS OR PRIVATE BUILDINGS THAT CONTAIN STATE OR MUNICIPAL OFFICES OR EDUCATIONAL FACILITIES FOR ELEMENTARY OR SECONDARY SCHOOL STUDENTS. SUCH DISTANCE SHALL BECOME A DESIGNATED NO SMOKING ZONE.

2. LOCAL HEALTH DEPARTMENTS ARE AUTHORIZED TO ADOPT REGULATIONS AS ARE REQUIRED TO IMPLEMENT THIS SECTION. ANY PENALTY ASSESSED AND RECOVERED IN AN ACTION BROUGHT UNDER THIS SECTION SHALL BE PAID TO AND USED BY THE MUNICIPALITY BRINGING THE ACTION.

3. THIS SECTION SHALL NOT APPLY TO INDIVIDUALS WALKING THROUGH THE DESIGNATED NO SMOKING ZONE OF SUCH AREA FOR THE PURPOSE OF GETTING TO

1 ANOTHER DESTINATION, BUT SHALL ONLY APPLY TO INDIVIDUALS OCCUPYING THE  
2 DESIGNATED NO SMOKING ZONE FOR THE PURPOSE OF SMOKING.

3 4. ANY PERSON VIOLATING THE PROVISIONS OF THIS SECTION SHALL BE GUILTY  
4 OF A VIOLATION, AND IS SUBJECT TO A FINE OF THIRTY-FIVE DOLLARS.

5 5. THE COMMISSIONER MAY RECOMMEND DESIGNS FOR SIGNS WHICH MAY BE USED  
6 BY THE OWNERS, OPERATORS, MANAGERS, EMPLOYERS OR OTHER PERSONS, AT THEIR  
7 OPTION, WHO CONTROL AREAS WHERE SMOKING IS PROHIBITED PURSUANT TO  
8 SECTION THIRTEEN HUNDRED NINETY-NINE-O OF THIS ARTICLE. SUCH SIGNS SHALL  
9 INCLUDE THE WARNING THAT "SMOKING IN THIS AREA IS PUNISHABLE BY LAW AND  
10 ALL VIOLATORS SHALL BE SUBJECT TO A FINE OF THIRTY-FIVE DOLLARS."

11 6. NOTHING CONTAINED IN THIS SECTION IS INTENDED TO REGULATE SMOKING  
12 IN A PRIVATE RESIDENCE OR IN THE GENERAL PUBLIC OUTDOORS, EXCEPTING  
13 PLACES IN WHICH SMOKING IS PROHIBITED THROUGH THE LOCAL FIRE DEPARTMENT,  
14 OR BY OTHER LAW, ORDINANCE, OR REGULATION.

15 S 3. This act shall take effect on the one hundred twentieth day after  
16 it shall have become a law.

17 PART G

18 Section 1. The education law is amended by adding a new section 3001-e  
19 to read as follows:

20 S 3001-E. ASTHMA EMERGENCIES; TRAINING IN IDENTIFICATION AND RESPONSE.  
21 THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, SHALL  
22 ESTABLISH STANDARDS FOR THE TRAINING OF TEACHERS AND OTHER APPROPRIATE  
23 PERSONNEL IN IDENTIFYING AND RESPONDING TO ASTHMA EMERGENCIES IN PUPILS  
24 AND OTHER PERSONS. SUCH STANDARDS SHALL SPECIFY MINIMUM LEVELS OF KNOW-  
25 LEDGE AND PROCEDURES TO BE FOLLOWED. SUCH STANDARDS SHALL PERMIT TRAIN-  
26 ING TO BE GIVEN BY PERSONS OR ORGANIZATIONS DEEMED QUALIFIED TO DO SO BY  
27 THE COMMISSIONER.

28 S 2. This act shall take effect one year after it shall have become a  
29 law.

30 PART H

31 Section 1. The real property law is amended by adding a new section  
32 235-h to read as follows:

33 S 235-H. RESIDENTIAL RENTAL PROPERTY SMOKING POLICIES. EVERY RENTAL  
34 AGREEMENT FOR A DWELLING UNIT, IN A MULTIPLE DWELLING BUILDING WITH FOUR  
35 OR MORE UNITS, SHALL INCLUDE A DISCLOSURE OF THE SMOKING POLICY FOR THE  
36 PREMISES ON WHICH THE DWELLING UNIT IS LOCATED. THE DISCLOSURE MUST  
37 STATE WHETHER SMOKING IS PROHIBITED ON THE PREMISES, ALLOWED ON THE  
38 ENTIRE PREMISES OR ALLOWED IN LIMITED AREAS ON THE PREMISES. IF THE  
39 SMOKING POLICY ALLOWS SMOKING IN LIMITED AREAS ON THE PREMISES, THE  
40 DISCLOSURE MUST IDENTIFY THE AREAS ON THE PREMISES WHERE SMOKING IS  
41 ALLOWED.

42 S 2. This act shall take effect on the first of January next succeed-  
43 ing the date on which it shall have become a law.

44 PART I

45 Section 1. The education law is amended by adding a new section 1527-a  
46 to read as follows:

47 S 1527-A. IDLING MOTOR VEHICLES ON SCHOOL GROUNDS. 1. ON OR BEFORE  
48 SEPTEMBER FIRST, TWO THOUSAND THIRTEEN AND CONSISTENT WITH THE COMMIS-  
49 SIONER'S REGULATIONS, ADOPTED PURSUANT TO SECTION THIRTY-SIX HUNDRED  
50 THIRTY-SEVEN OF THIS CHAPTER, THE BOARD OF EDUCATION OR BOARD OF TRUS-

TEES OF EVERY SCHOOL DISTRICT AND THE GOVERNING BODY OF EVERY PRIVATE ELEMENTARY OR SECONDARY SCHOOL IN THE STATE SHALL PROMULGATE AND IMPLEMENT RULES PROHIBITING THE ENGINE OF ANY MOTOR VEHICLE, AS DEFINED IN SECTION ONE HUNDRED TWENTY-FIVE OF THE VEHICLE AND TRAFFIC LAW, TO REMAIN IDLING FOR MORE THAN ONE MINUTE WHILE SUCH VEHICLE IS PARKED OR STANDING ON SCHOOL GROUNDS, ADJACENT TO SCHOOL GROUNDS, OR IN FRONT OF ANY SCHOOL WHILE LOADING OR OFF LOADING PASSENGERS.

2. EACH SCHOOL DISTRICT AND PRIVATE ELEMENTARY AND SECONDARY SCHOOL SHALL CONSPICUOUSLY POST SIGNS UPON, ADJACENT AND IN FRONT OF SCHOOL GROUNDS ADVISING OPERATORS OF MOTOR VEHICLES OF THE PROVISIONS OF THE RULES ADOPTED PURSUANT TO SUBDIVISION ONE OF THIS SECTION.

S 2. This act shall take effect immediately.

#### PART J

Section 1. Section 916 of the education law, as amended by chapter 524 of the laws of 2006, is amended to read as follows:

S 916. Pupils afflicted with asthma OR OTHER POTENTIALLY LIFE-THREATENING RESPIRATORY ILLNESSES. The board of education or trustees of each school district and board of cooperative educational services shall allow pupils who have been diagnosed by a physician or other duly authorized health care provider with a severe OR MODERATELY SEVERE asthmatic condition OR OTHER POTENTIALLY LIFE-THREATENING RESPIRATORY ILLNESS to carry and use a prescribed inhaler during the school day, with the written permission of a physician or other duly authorized health care provider, and parental consent, based on such physician's or provider's determination that such pupil is subject to sudden asthmatic attacks [severe enough to] THAT CAN debilitate such pupil. A record of such permission shall be maintained in the school office. In addition, upon the written request of a parent or person in parental relation, the board of education or trustees of a school district and board of cooperative educational services shall allow such pupils to maintain an extra such inhaler in the care and custody of a registered professional nurse OR OTHER DESIGNATED RESPONSIBLE PERSON employed by such district or board of cooperative educational services. Nothing in this section shall require a school district or board of cooperative educational services to retain a school nurse solely for the purpose of taking custody of a spare inhaler, or require that a school nurse be available at all times in a school building for such purpose.

S 2. The education law is amended by adding a new section 921 to read as follows:

S 921. USE OF NEBULIZER. 1. EVERY SCHOOL DISTRICT AND BOARD OF COOPERATIVE EDUCATIONAL SERVICES IN THIS STATE MAY MAINTAIN ONE OR MORE NEBULIZERS IN THE OFFICE OF THE SCHOOL NURSE OR IN A SIMILAR ACCESSIBLE LOCATION.

2. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, MAY PROMULGATE REGULATIONS FOR THE ADMINISTRATION OF ASTHMA MEDICATION THROUGH THE USE OF A NEBULIZER BY THE SCHOOL NURSE OR PERSON AUTHORIZED BY REGULATION. THE REGULATIONS MAY INCLUDE:

A. A REQUIREMENT THAT EACH CERTIFIED NURSE OR OTHER PERSON AUTHORIZED TO ADMINISTER ASTHMA MEDICATION IN SCHOOLS RECEIVE TRAINING IN AIRWAY MANAGEMENT AND IN THE USE OF NEBULIZERS AND INHALERS CONSISTENT WITH NATIONALLY RECOGNIZED STANDARDS; AND

B. A REQUIREMENT THAT EACH PUPIL AUTHORIZED TO USE ASTHMA MEDICATION PURSUANT TO SUBDIVISION ONE OF SECTION NINE HUNDRED SIXTEEN OF THIS ARTICLE OR A NEBULIZER HAVE AN ASTHMA TREATMENT PLAN PREPARED BY THE

PHYSICIAN OF THE PUPIL, WHICH IDENTIFY, AT A MINIMUM, ASTHMA TRIGGERS, THE TREATMENT PLAN, AND SUCH OTHER ELEMENTS AS SHALL BE DETERMINED BY THE REGENTS.

S 3. This act shall take effect on the one hundred eightieth day after it shall have become a law; provided, however, that effective immediately the commissioner of education is authorized to promulgate rules and regulations for the implementation of this act on such effective date.

#### PART K

Section 1. Subdivision 7 of section 33-0303 of the environmental conservation law, as added by chapter 85 of the laws of 2010, is amended to read as follows:

7. The commissioner, in consultation with the commissioner of education and the commissioner of health, shall develop guidance AND REGULATIONS on pesticide alternatives to facilitate compliance with section four hundred nine-k of the education law and three hundred ninety-g of the social services law. PROVIDED, FURTHER, THAT SUCH PESTICIDE ALTERNATIVES SHALL HELP TO MINIMIZE THE INCIDENCE OF ASTHMA ATTACKS IN PUBLIC AND PRIVATE BUILDINGS AND RESIDENCES, WHILE STILL EFFECTIVELY CONTROLLING THE TARGETED PEST OR ORGANISM. SUCH REGULATIONS SHALL PROVIDE FOR THE USE OF THE LEAST TOXIC PESTICIDE OR PESTICIDES, WHICH EFFECTIVELY ERADICATES THE TARGETED PEST OR ORGANISM.

S 2. This act shall take effect immediately.

#### PART L

Section 1. The public buildings law is amended by adding a new section 143 to read as follows:

S 143. CURTAIL USE OF CHEMICALS THAT INDUCE OR TRIGGER ASTHMA ATTACKS. 1. NOTWITHSTANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, THE SUPERINTENDENT OF EVERY STATE PUBLIC BUILDING, AND OF EVERY TRANSPORTATION FACILITY OPERATED BY A PUBLIC AUTHORITY, PUBLIC BENEFIT CORPORATION OR MUNICIPALITY SHALL TO THE BEST OF HIS OR HER ABILITY CURTAIL THE USE OF CLEANING MATERIALS OR CHEMICALS, EXPOSURE TO WHICH MAY CAUSE EITHER THE BUILDING CLEANING STAFF OR OTHER PERSONS WHO ENTER SUCH BUILDING TO DEVELOP THE DISEASE OF ASTHMA, OR WHICH MAY EXACERBATE OR TRIGGER AN ASTHMA ATTACK.

2. A DETERMINATION OF WHICH OR THE QUANTITY OR CONCENTRATION OF SUCH CLEANING MATERIALS OR CHEMICALS EXPOSURE TO WHICH MAY CAUSE PERSONS TO DEVELOP THE DISEASE OF ASTHMA, OR WHICH MAY EXACERBATE OR TRIGGER AN ASTHMA ATTACK, SHALL BE MADE BY THE COMMISSIONER OF HEALTH WHO SHALL PROMULGATE A LIST OF SUCH CLEANING MATERIALS OR CHEMICALS.

S 2. This act shall take effect on the one hundred eightieth day after it shall have become a law.

S 3. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

1     S 4. This act shall take effect immediately provided, however, that  
2     the applicable effective date of Parts A through L of this act shall be  
3     as specifically set forth in the last section of such Parts.