AN ACT to amend the public health law, in relation to requiring immunization against human papillomavirus (HPV)

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

1. Section 1. The section heading and subdivisions 2, 3, 5 and 6 of section 2164 of the public health law, as amended by chapter 401 of the laws of 2015, are amended to read as follows:

   Definitions; immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, human papillomavirus (HPV), Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, meningococcal disease, and hepatitis B.

2. a. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, human papillomavirus (HPV), Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B, 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 council.

   b. Every person in parental relation to a child in this state born on or after January first, nineteen hundred ninety-four and entering sixth grade or a comparable age level special education program with an unassigned grade on or after September first, two thousand seven, shall have administered to such child a booster immunization containing diphtheria and tetanus toxoids, [and] an acellular pertussis vaccine, and human papillomavirus (HPV), which meets the standards approved by the United States public health service for such biological products, and which is

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [−] is old law to be omitted.
approved by the department under such conditions as may be specified by
the public health council.

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 meningococ-

cal disease as recommended by the advisory committee on immunization
practices of the centers for disease control and prevention, 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.

   3. The person in parental relation to any such child who has not
previously received such immunization shall present the child to a
health practitioner and request such health practitioner to administer
the necessary immunization against poliomyelitis, mumps, measles,
diphtheria, Haemophilus influenzae type b (Hib), rubella, varicella,
human papillomavirus (HPV), pertussis, tetanus, pneumococcal disease,
meningococcal disease, and hepatitis B as provided in subdivision two of
this section.

   5. The health practitioner who administers such immunizing agent
against poliomyelitis, mumps, measles, diphtheria, Haemophilus influen-
zae type b (Hib), rubella, varicella, pertussis, human papillomavirus
(HPV), tetanus, pneumococcal disease, meningococcal disease, and hepati-
tis B to any such child shall give a certificate of such immunization to
the person in parental relation to such child.

   6. In the event that a person in parental relation to a child makes
application for admission of such child to a school or has a child
attending school and there exists no certificate or other acceptable
evidence of the child's immunization against poliomyelitis, mumps,
measles, diphtheria, rubella, varicella, hepatitis B, pertussis, teta-

nus, and, where applicable, Haemophilus influenzae type b (Hib), menin-
gococcal disease, and pneumococcal disease, the principal, teacher,
owner or person in charge of the school shall inform such person of the
necessity to have the child immunized, that such immunization may be
administered by any health practitioner, or that the child may be immu-

nized without charge by the health officer in the county where the child
resides, if such person executes a consent therefor. In the event that
such person does not wish to select a health practitioner to administer
the immunization, he or she shall be provided with a form which shall
give notice that as a prerequisite to processing the application for
admission to, or for continued attendance at, the school such person
shall state a valid reason for withholding consent or consent shall be
given for immunization to be administered by a health officer in the
public employ, or by a school physician or nurse. The form shall provide
for the execution of a consent by such person and it shall also state
that such person need not execute such consent if subdivision eight or
nine of this section apply to such child.

§ 2. Paragraph (a) of subdivision 7 of section 2164 of the public
health law, as amended by chapter 401 of the laws of 2015, is amended to
read as follows:

(a) No principal, teacher, owner or person in charge of a school shall
permit any child to be admitted to such school, or to attend such
school, in excess of fourteen days, without the certificate provided for
in subdivision five of this section or some other acceptable evidence of
the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, human papillomavirus (HPV), hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), meningococcal disease, and pneumococcal disease; provided, however, such fourteen day period may be extended to not more than thirty days for an individual student by the appropriate principal, teacher, owner or other person in charge where such student is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certification or other evidence of immunization.

§ 3. The opening paragraph of subdivision 8-a of section 2164 of the public health law, as amended by chapter 401 of the laws of 2015, is amended to read as follows:

Whenever a child has been refused admission to, or continued attendance at, a school as provided for in subdivision seven of this section because there exists no certificate provided for in subdivision five of this section or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, human papillomavirus (HPV), hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), meningococcal disease, and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall:

§ 4. Paragraph (a) of subdivision 1 of section 613 of the public health law, as amended by section 24 of part E of chapter 56 of the laws of 2013, is amended to read as follows:

(a) The commissioner shall develop and supervise the execution of a program of immunization, surveillance and testing, to raise to the highest reasonable level the immunity of the children of the state against communicable diseases including, but not limited to, influenza, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type b (Hib), diphtheria, pertussis, tetanus, varicella, human papillomavirus (HPV), hepatitis B, pneumococcal disease, and the immunity of adults of the state against diseases identified by the commissioner, including but not limited to influenza, smallpox, hepatitis and such other diseases as the commissioner may designate through regulation. Municipalities in the state shall maintain local programs of immunization to raise the immunity of the children and adults of each municipality to the highest reasonable level, in accordance with an application for state aid submitted by the municipality and approved by the commissioner. Such programs shall include assurance of provision of vaccine, serological testing of individuals and educational efforts to inform health care providers and target populations or their parents, if they are minors, of the facts relative to these diseases and immunizations to prevent their occurrence.

§ 5. This act shall take effect on the first of September next succeeding the date on which it shall have become a law; provided, however, that sections one, two and three of this act shall apply only to children born on or after January 1, 1998.