

STATE OF NEW YORK

5037--A

2017-2018 Regular Sessions

IN ASSEMBLY

February 6, 2017

Introduced by M. of A. CRESPO -- read once and referred to the Committee on Agriculture -- recommitted to the Committee on Agriculture in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to regulating the use of artificial trans fats and requiring food service facilities to post or provide nutritional information on the food products served (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 including certain respiratory diseases and obesity within disease management demonstration programs (Part C); to amend the public health law, in relation to the reduction of obesity in children (Part D); to amend the public health law, in relation to the collection and reporting of obesity data (Part E); to amend the public health law, in relation to directing the health research science board to study respiratory diseases and obesity, and childhood obesity prevention and screening (Part F); to amend the education law, in relation to the use of inhalers and nebulizers (Part G); to amend the state finance law, in relation to establishing the obesity and respiratory disease research and education fund (Part H); to amend the social services law, in relation to child day care facilities (Part I); to amend the education law, in relation to use of school facilities by not-for-profit and charitable organizations for after-school programs (Part J); to amend the education law, in relation to screening for childhood obesity (Part K); to amend the education law, in relation to instruction in good health and reducing the incidence of obesity (Part L); to amend the public buildings law, in relation to bicycle access to public office buildings (Part M); to amend the insurance law and the public health law, in relation to making actuarially appropriate reductions in health insurance premiums in return for an enrollee's or insured's participation in a qualified wellness program (Part N); to amend the agriculture and markets law, in relation to expanding the production of fresh fruits and vegetables by

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

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community gardens (Part O); to amend the general city law, the town law, the village law, the general municipal law and the highway law, in relation to directing the state and municipalities to develop more and safer bike lanes and multiple use trails so as to encourage more physical activity and to reduce carbon emissions (Part P); to amend the parks, recreation and historic preservation law, in relation to directing the office of parks, recreation and historic preservation to develop more and safer multiple use trails in state parks in and throughout the state (Part Q); and to amend the agriculture and markets law, in relation to the expansion of regional farmers' markets (Part R)

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "omnibus obesity and respiratory illness reduction act".

3 § 2. This act enacts into law major components of legislation which
4 combat the incidence of adult and child obesity and respiratory
5 diseases, and encourage the production and consumption of fresh fruits
6 and vegetables. Each component is wholly contained within a Part identi-
7 fied as Parts A through R. The effective date for each particular
8 provision contained within such Part is set forth in the last section of
9 such Part. Any provision in any section contained within a Part, includ-
10 ing the effective date of the Part, which makes a reference to a section
11 "of this act", when used in connection with that particular component,
12 shall be deemed to mean and refer to the corresponding section of the
13 Part in which it is found. Section four of this act sets forth the
14 general effective date of this act.

15 PART A

16 Section 1. Subdivision 1 of section 206 of the public health law is
17 amended by adding a new paragraph (w) to read as follows:

18 (w) (i) For purposes of this paragraph, the following definitions
19 shall apply:

20 (A) "Food service facility" means a food service establishment, as
21 defined in the state sanitary code, that operates under common ownership
22 or control with at least twenty-five other food service establishments
23 with the same name in the state that offer for sale substantially the
24 same menu items, or operates as a franchised outlet of a parent company
25 with at least twenty-five other franchised outlets with the same name in
26 the state that offer for sale substantially the same menu items.

27 (B) "Nutritional information" may include the following, per standard
28 menu item, as that item is usually prepared and offered for sale:

29 (I) Total number of calories.

30 (II) Total number of grams of carbohydrates.

31 (III) Total number of grams of saturated fat.

32 (IV) Total number of milligrams of sodium.

33 (C) "Point of sale" means the location where a customer places an
34 order.

35 (D) In calculating nutritional information, a food service facility
36 may use any reasonable means recognized by the federal food and drug
37 administration to determine nutritional information for a standard menu

1 item, as usually prepared and offered for sale including, but not limit-
2 ed to, nutrient databases and laboratory analyses.

3 (ii) The commissioner may establish a voluntary artificial trans fat
4 reduction program. Such program may consist of, but shall not be limited
5 to, the following components: (A) a public information dissemination
6 program to inform the public of the health risks associated with the
7 overconsumption of artificial trans fats, and (B) suggested food prepa-
8 ration methods that can be followed by food service establishments and
9 the general public to reduce or eliminate the use of artificial trans
10 fats.

11 (iii)(A) By rule or regulation, may require every food service facili-
12 ty to disclose the nutritional information required by clause (B) of
13 this subparagraph.

14 (B) A food service facility, by rule or regulation, may be required to
15 disclose the nutritional information in a clear and conspicuous manner
16 at the point of sale prior to or during the placement of an order.

17 § 2. This act shall take effect one year after it shall have become a
18 law, provided that, effective immediately, any rules and regulations
19 necessary to implement the provisions of this act on its effective date
20 are authorized and directed to be completed on or before such date.

21 PART B

22 Section 1. The public health law is amended by adding a new article
23 13-I to read as follows:

24 ARTICLE 13-I

25 IN-UTERO EXPOSURE TO TOBACCO SMOKE PREVENTION

26 Section 1399-xx. In-utero exposure prevention.

27 1399-yy. Programs.

28 § 1399-xx. In-utero exposure prevention. 1. Every appropriate health
29 care provider and pregnancy program is encouraged to distribute informa-
30 tion on the adverse effects of smoking during pregnancy for both first-
31 hand and secondhand smoke. Such adverse effects to the infant include
32 lower birth rates, higher incidence of asthma and obesity, and cognitive
33 and developmental damage.

34 2. Every health care provider shall monitor expectant mothers' smoking
35 statuses and offer continuous tailored discussion of quitting smoking
36 with expectant mothers during their prenatal care.

37 § 1399-yy. Programs. The following programs shall be added to existing
38 tobacco control programs for pregnant women or to other pregnancy
39 related programs:

40 1. Carbon monoxide monitoring;

41 2. Depression, social support and domestic violence screening and
42 referrals;

43 3. Referrals for smoking cessation for household members;

44 4. Ongoing support by counseling and educational materials; and

45 5. Financial incentives such as diaper coupons for quitting for more
46 than four weeks.

47 § 2. This act shall take effect on the one hundred eightieth day after
48 it shall have become a law. Provided, that effective immediately the
49 commissioner of health is authorized and directed to promulgate any and
50 all rules and regulations, and take any other measures necessary to
51 implement the provisions of this act on its effective date.

52 PART C

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

4 2. The department shall establish the criteria by which individuals
5 will be identified as eligible for enrollment in the demonstration
6 programs. Persons eligible for enrollment in the disease management
7 demonstration program shall be limited to individuals who: receive
8 medical assistance pursuant to title eleven of article five of the
9 social services law and may be eligible for benefits pursuant to title
10 18 of the social security act (Medicare); are not enrolled in a Medicaid
11 managed care plan, including individuals who are not required or not
12 eligible to participate in Medicaid managed care programs pursuant to
13 section three hundred sixty-four-j of the social services law; are diag-
14 nosed with chronic health problems as may be specified by the entity
15 undertaking the demonstration program, including, but not limited to one
16 or more of the following: congestive heart failure, chronic obstructive
17 pulmonary disease, asthma, chronic bronchitis, other chronic respiratory
18 diseases, diabetes, adult and childhood obesity, or other chronic health
19 conditions as may be specified by the department; or have experienced or
20 are likely to experience one or more hospitalizations or are otherwise
21 expected to incur excessive costs and high utilization of health care
22 services.

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

46 § 2. This act shall take effect immediately.

47 PART D

48 Section 1. Paragraphs (a) and (g) of subdivision 2 of section 2599-b
49 of the public health law, as amended by section 1 of part A of chapter
50 469 of the laws of 2015, are amended to read as follows:

51 (a) developing media health promotion campaigns, in coordination with
52 the public information provided pursuant to section twenty-five
53 hundred-l of this article, targeted to children and adolescents and
54 their parents and caregivers that emphasize increasing consumption of

1 low-calorie, high-nutrient foods, decreasing consumption of high-calorie, low-nutrient foods and increasing physical activity designed to prevent or reduce obesity;

4 (g) developing screening programs, in accordance with section twenty-five hundred-1 of this article, 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

15 § 2. This act shall take effect immediately.

16 PART E

17 Section 1. Section 263 of the public health law, as added by chapter 538 of the laws of 2002, is amended to read as follows:

19 § 263. Department authorized to study obesity - report. 1. The department is authorized to sample and collect data on individual cases where obesity is being actively treated and data collected pursuant to section twenty-five hundred-1 of this chapter, and to analyze such data in order to evaluate the impact of treating obesity. Such data collection and analysis shall include the following:

25 a. The effectiveness of existing methods for treating or preventing obesity;

27 b. The effectiveness of alternate methods for treating or preventing obesity;

29 c. The fiscal impact of treating or preventing obesity;

30 d. The compliance and cooperation of patients with various methods of treating or preventing obesity; or

32 e. The reduction in serious medical problems associated with diabetes that results from treating or preventing obesity.

34 2. The department is authorized to fund the research authorized in subdivision one of this section and section twenty-five hundred-1 of this chapter from gifts, grants, and donations from individuals, private organizations, foundations, or any governmental unit; except that no gift, grant, or donation may be accepted by the department if it is subject to conditions that are inconsistent with this title or any other laws of this state. The department shall have the power to direct the disposition of any such gift, grant, or donation for the purposes of this title.

43 3. After completion of the research authorized in subdivision one of this section, the department shall submit a report and supporting materials to the governor and the legislature by June first of the following year and update such report every three years.

47 § 2. This act shall take effect immediately.

48 PART F

49 Section 1. Paragraphs (a), (b) and (c) 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:

(a) Survey state agencies, boards, programs and other state governmental entities to assess what, if any, relevant data has been or is being collected which may be of use to researchers engaged in breast cancer research, or adult and childhood obesity, asthma, chronic bronchitis or other chronic respiratory disease research;

(b) Consistent with the survey conducted pursuant to paragraph (a) of this subdivision, compile a list of data collected by state agencies which may be of assistance to researchers engaged in breast cancer research as established in section twenty-four hundred twelve of this title, and adult and childhood obesity, asthma, chronic bronchitis or other chronic respiratory disease research;

(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, and adult and childhood obesity, asthma, chronic bronchitis or other chronic respiratory disease research projects that are currently being conducted and recommendations for future research projects;

§ 2. The public health law is amended by adding a new section 2500-1 to read as follows:

§ 2500-1. Childhood obesity prevention and screening. 1. Legislative declaration. The legislature hereby finds, determines and declares that obesity, particularly childhood obesity, is a serious medical problem and that the high incidence of such condition needs to be curtailed to improve the overall health of the general public and to help reduce the cost of providing health care in this state. Provided further, that the legislature hereby reaffirms the legislative intent contained in section two hundred sixty-one of this chapter concerning obesity.

2. The commissioner may establish, for use by pediatric primary care providers and hospitals, best practice protocols for the early screening, identification and treatment of children who have low birth weights or may become susceptible to contracting asthma or manifest to have childhood obesity conditions. Such protocols shall incorporate standards and guidelines established by the American Academy of Pediatricians, the federal department of agriculture, the federal department of health and human services, the surgeon general, and the centers for disease control and prevention.

3. The department, in order to support quality care in all hospitals with obstetric services and for all pediatric primary care providers, is authorized to provide non-patient specific information for all births at each affiliate hospital in each regional perinatal center's network to the regional perinatal center and the affiliate, except that such information shall include zip code and a unique identifier, such as medical record number.

4. The information when received by the department shall be used solely for the purpose of improving quality of care and shall not be subject to release under article six of the public officers law, and where applicable, shall be subject to the confidentiality provisions of section twenty-eight hundred five-m of this chapter, except that the release of birth certificate information shall be subject to section forty-one hundred seventy-four of this chapter.

5. The commissioner may release information collected through the statewide perinatal data system, pursuant to section twenty-five hundred-h of this title and corresponding information related to asthma, childhood obesity or underweight babies to his or her designees, includ-

ing persons or entities under contract with the department to review quality of care issues, as related to the provisions of this section, and to conduct quality improvement initiatives as needed to monitor, evaluate and improve patient care and outcomes. Such designee or person or entity under contract with the department to review quality of care issues shall maintain the confidentiality of all such information and shall use it only to improve quality of care, as approved by the department, and to implement the provisions of title five of article two of this chapter, as added by chapter five hundred thirty-eight of the laws of two thousand two.

6. The department may produce and distribute educational materials on childhood obesity and asthma risks and precautions. Such materials may be made available to child care centers, pediatricians and nursery, elementary and secondary schools for distribution to persons in parental relation to children, and to hospitals, birthing centers and other appropriate health care providers for distribution to maternity patients. In addition, such materials may be provided to health care professionals engaged in the care and treatment of children for distribution to such children and persons in parental relation. The department may also provide information on childhood obesity and asthma risks and precautions on the department's internet website. No provision of this subdivision shall be deemed to prohibit the utilization and distribution of educational materials relating thereto produced by any public, private or governmental entity, in lieu of the department's production of such materials.

7. The department shall periodically review available data on obesity and asthma in children and update the information on childhood obesity and asthma risks and precautionary measures provided in its educational materials and on its internet website, as appropriate.

§ 3. This act shall take effect immediately.

PART G

Section 1. The education law is amended by adding a new section 923 to read as follows:

§ 923. 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 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.

§ 2. 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

1 regulations necessary for the implementation of this act on such effec-
2 tive date.

3 PART H

4 Section 1. The state finance law is amended by adding a new section
5 91-g to read as follows:

6 § 91-g. Obesity and respiratory disease research and education fund.
7 1. There is hereby established in the joint custody of the commissioner
8 of taxation and finance and the comptroller, a special fund to be known
9 as the "obesity and respiratory disease research and education fund".

10 2. Such fund shall consist of all revenue received pursuant to an
11 appropriation thereto, and all other moneys appropriated, credited or
12 transferred thereto from any other fund or source pursuant to law.
13 Nothing in this section shall be deemed to prevent the state from
14 receiving grants, gifts or bequests for the purposes of the fund and
15 depositing them into the fund according to law.

16 3. Monies of the fund shall be expended only for adult and childhood
17 obesity, asthma, chronic bronchitis or other chronic respiratory disease
18 research and educational projects conducted pursuant to sections twen-
19 ty-four hundred eleven, twenty-five hundred and twenty-five hundred-l of
20 the public health law.

21 4. Monies shall be payable from the fund on the audit and warrant of
22 the comptroller on vouchers approved or certified by the commissioner of
23 health.

24 § 2. This act shall take effect immediately.

25 PART I

26 Section 1. Paragraph (a) of subdivision 2-a of section 390 of the
27 social services law, as added by chapter 416 of the laws of 2000, is
28 amended to read as follows:

29 (a) The office of children and family services shall promulgate regu-
30 lations which establish minimum quality program requirements for
31 licensed and registered child day care homes, programs and facilities.
32 Such requirements shall include but not be limited to (i) the need for
33 age appropriate activities, materials and equipment to promote cogni-
34 tive, educational, social, cultural, physical, emotional, language and
35 recreational development of children in care in a safe, healthy and
36 caring environment (ii) principles of childhood development (iii) appro-
37 priate staff/child ratios for family day care homes, group family day
38 care homes, school age day care programs and day care centers, provided
39 however that such staff/child ratios shall not be less stringent than
40 applicable staff/child ratios as set forth in part four hundred four-
41 teen, four hundred sixteen, four hundred seventeen or four hundred eigh-
42 teen of title eighteen of the New York code of rules and regulations as
43 of January first, two thousand (iv) appropriate levels of supervision of
44 children in care (v) appropriate levels of physical activity and nutri-
45 tional offerings to encourage healthy eating and living habits to help
46 lower the incidence of childhood obesity and to promote overall wellness
47 (vi) minimum standards for sanitation, health, infection control, nutri-
48 tion, buildings and equipment, safety, security procedures, first aid,
49 fire prevention, fire safety, evacuation plans and drills, prevention of
50 child abuse and maltreatment, staff qualifications and training, record
51 keeping, and child behavior management.

§ 2. Section 390-a of the social services law is amended by adding a new subdivision 6 to read as follows:

6. No family day care home, group family day care home, school age child care program or child day care center shall discourage activities related to breast feeding a child or feeding a child who is fed with expressed breast milk.

§ 3. This act shall take effect on the first of January next succeeding the date on which it shall have become a law; provided that, effective immediately, any rules and regulations necessary to implement the provisions of this act on its effective date are authorized and directed to be completed on or before such date.

PART J

Section 1. Subdivision 1 of section 414 of the education law is amended by adding a new paragraph (l) to read as follows:

(l) For bona fide after-school programs operated by a not-for-profit or charitable organization. Such programs shall present some form of educational instruction or academic material, or promote physical education.

§ 2. Subdivision 2 of section 414 of the education law, as amended by chapter 513 of the laws of 2005, is amended to read as follows:

2. The trustees or board of education shall determine the terms and conditions for such use which may include rental at least in an amount sufficient to cover all resulting expenses for the purposes of paragraphs (a), (b), (c), (d), (e), (g), (i), (j) and (k) of subdivision one of this section. For the purposes of paragraph (1) of subdivision one of this section, the trustees or board of education may provide that either no fee or a minimal fee be imposed upon the not-for-profit or charitable organization. Any such use, pursuant to ~~paragraphs~~ paragraph (a), (c), (d), (h) ~~and~~, (j) or (l) of subdivision one of this section, shall not allow the exclusion of any district child solely because said child is not attending a district school or not attending the district school which is sponsoring such use or on which grounds the use is to occur.

§ 3. Subdivision 27 of section 2590-h of the education law, as amended by chapter 345 of the laws of 2009, is amended to read as follows:

27. Promulgate regulations, in conjunction with each community superintendent, establishing a plan for providing access to school facilities in each community school district, when not in use for school purposes, in accordance with the provisions of section four hundred fourteen of this chapter. Such plan shall set forth a reasonable system of fees not to exceed the actual costs and specify that no part of any fee shall directly or indirectly benefit or be deposited into an account which inures to the benefit of the custodians or custodial engineers. Notwithstanding any other provision of law, rule or regulation to the contrary, such plan may provide that either no fee or a minimal fee shall be charged for the use of school facilities by a not-for-profit or charitable organization. The use of such facilities shall only be for bona fide after-school programs that present some form of educational instruction or academic material, or promote physical education.

§ 4. Subdivision 27 of section 2590-h of the education law, as amended by chapter 720 of the laws of 1996, is amended to read as follows:

27. Develop, in conjunction with each community superintendent, a plan for providing access to school facilities in each community school district, when not in use for school purposes, in accordance with the provisions of section four hundred fourteen of this chapter. Such plan

1 shall set forth a reasonable system of fees not to exceed the actual
2 costs and specify that no part of any fee shall directly or indirectly
3 benefit or be deposited into an account which inures to the benefit of
4 the custodians or custodial engineers. Notwithstanding any other
5 provision of law, rule or regulation to the contrary, such plan may
6 provide that either no fee or a minimal fee shall be charged for the use
7 of school facilities by a not-for-profit or charitable organization. The
8 use of such facilities shall only be for bona fide after-school programs
9 that present some form of educational instruction or academic material,
10 or promote physical education.

11 § 5. This act shall take effect on the one hundred eightieth day after
12 it shall have become a law; provided that the amendments to subdivision
13 27 of section 2590-h of the education law, made by section three of this
14 act, shall be subject to the expiration and reversion of such section,
15 pursuant to subdivision 12 of section 17 of chapter 345 of the laws of
16 2009, as amended, when upon such date the provisions of section four of
17 this act shall take effect.

18 PART K

19 Section 1. Section 901 of the education law, as amended by chapter 477
20 of the laws of 2004, subdivision 1 as amended by section 57 of part A-1
21 of chapter 58 of the laws of 2006, is amended to read as follows:

22 § 901. School health services to be provided. 1. School health
23 services, as defined in subdivision two of this section, shall be
24 provided by each school district for all students attending the public
25 schools in this state, except in the city school district of the city of
26 New York, as provided in this article. School health services shall
27 include the services of a registered professional nurse, if one is
28 employed, and shall also include such services as may be rendered as
29 provided in this article in examining students for the existence of
30 disease or disability, or may include services related to examining for
31 childhood obesity based upon the calculation of each student's body mass
32 index and weight status category pursuant to section nine hundred four
33 of this article, and in testing the eyes and ears of such students.

34 2. School health services for the purposes of this article shall mean
35 the several procedures, including, but not limited to, medical examina-
36 tions, dental inspection and/or screening, scoliosis screening, vision
37 screening [and], audiometer tests, and childhood obesity as measured by
38 body mass index and weight status category, designed to determine the
39 health status of the child; to inform parents or other persons in
40 parental relation to the child, pupils and teachers of the individual
41 child's health condition subject to federal and state confidentiality
42 laws; to guide parents, children and teachers in procedures for prevent-
43 ing and correcting defects [and], diseases and childhood obesity condi-
44 tions; to instruct the school personnel in procedures to take in case of
45 accident or illness; to survey and make necessary recommendations
46 concerning the health and safety aspects of school facilities and the
47 provision of health information.

48 § 2. Section 912 of the education law, as amended by chapter 477 of
49 the laws of 2004, is amended to read as follows:

50 § 912. Health and welfare services to all children. The voters and/or
51 trustees or board of education of every school district shall, upon
52 request of the authorities of a school other than public, provide resi-
53 dent children who attend such school with any or all of the health and
54 welfare services and facilities which are made available by such voters

1 and/or trustees or board of education to or for children attending the
2 public schools of the district. Such services may include, but are not
3 limited to all services performed by a physician, physician assistant,
4 dentist, dental hygienist, registered professional nurse, nurse practi-
5 tioner, school psychologist, school social worker or school speech ther-
6 apist, and may also include dental prophylaxis, vision and hearing
7 screening examinations, childhood obesity screening, the taking of
8 medical histories and the administration of health screening tests, the
9 maintenance of cumulative health records and the administration of emer-
10 gency care programs for ill or injured students. Any such services or
11 facilities shall be so provided notwithstanding any provision of any
12 charter or other provision of law inconsistent herewith. Where children
13 residing in one school district attend a school other than public
14 located in another school district, the school authorities of the
15 district of residence shall contract with the school authorities of the
16 district where such nonpublic school is located, for the provision of
17 such health and welfare services and facilities to such children by the
18 school district where such nonpublic school is located, for a consider-
19 ation to be agreed upon between the school authorities of such
20 districts, subject to the approval of the qualified voters of the
21 district of residence when required under the provisions of this chap-
22 ter. Every such contract shall be in writing and in the form prescribed
23 by the commissioner, and before such contract is executed the same shall
24 be submitted for approval to the superintendent of schools having juris-
25 diction over such district of residence and such contract shall not
26 become effective until approved by such superintendent.

27 § 3. This act shall take effect immediately.

28 PART L

29 Section 1. Subdivisions 1 and 5 of section 803 of the education law,
30 as amended by chapter 118 of the laws of 1957, are amended to read as
31 follows:

32 1. All pupils above the age of eight years in all elementary and
33 secondary schools, shall receive as part of the prescribed courses of
34 instruction therein such physical education under the direction of the
35 commissioner [~~of education~~] as the regents may determine. Such courses
36 shall be designed to aid in the well-rounded education of pupils and in
37 the development of character, citizenship, overall physical fitness,
38 good health [~~and~~], the worthy use of leisure and the reduction in the
39 incidence of childhood obesity. Pupils above such age attending the
40 public schools shall be required to attend upon such prescribed courses
41 of instruction.

42 5. (a) It shall be the duty of the regents to adopt rules determining
43 the subjects to be included in courses of physical education provided
44 for in this section, the period of instruction in each of such courses,
45 the qualifications of teachers, and the attendance upon such courses of
46 instruction.

47 (b) Notwithstanding any other provision of this section, the regents
48 may provide in its rules that the physical education instruction
49 requirement for all students enrolled in elementary and secondary school
50 grades shall, where feasible, include daily physical exercise or activ-
51 ity, including students with disabling conditions and those in alterna-
52 tive education programs. The regents may include in its rules that
53 students enrolled in such elementary and secondary schools shall partic-
54 ipate in physical education, exercise or activity for a minimum of sixty

1 minutes during each school week. The regents may provide for a two-year
2 phase-in schedule for daily physical education in elementary schools in
3 its rules.

4 § 2. The section heading and subdivisions 1 and 2 of section 804 of
5 the education law, the section heading and subdivision 2 as amended by
6 chapter 390 of the laws of 2016 and subdivision 1 as amended by chapter
7 1 of the laws of 2017, are amended and a new subdivision 5-a is added to
8 read as follows:

9 Health education regarding mental health, alcohol, drugs, tobacco
10 abuse, the reduction of the incidence of obesity and the prevention and
11 detection of certain cancers. 1. All schools shall ensure that their
12 health, science and physical education programs recognize the multiple
13 dimensions of health by including mental health and the relation of
14 physical and mental health so as to enhance student understanding, atti-
15 tudes and behaviors that promote health, well-being and human dignity.

16 2. All schools shall include, as an integral part of health, science
17 or physical education, instruction so as to discourage the misuse and
18 abuse of alcohol, tobacco and other drugs, to reduce the incidence of
19 obesity and promote attitudes and behavior that enhance health, well
20 being, and human dignity.

21 5-a. Instruction regarding the long term health risks associated with
22 obesity and methods of preventing and reducing the incidence of obesity,
23 including good nutrition and regular exercise. Such instruction may be
24 an integral part of required health, science, or physical education
25 courses.

26 § 3. Subdivision 1 of section 804-a of the education law, as added by
27 chapter 730 of the laws of 1986, is amended to read as follows:

28 1. Within the amounts appropriated, the commissioner is hereby
29 authorized to establish a demonstration program and to distribute state
30 funds to local school districts, boards of cooperative educational
31 services and in certain instances community school districts, for the
32 development, implementation, evaluation, validation, demonstration and
33 replication of exemplary comprehensive health education programs to
34 assist the public schools in developing curricula, training staff, and
35 addressing local health education needs of students, parents, and staff.
36 Such programs shall serve the purpose of developing and enhancing
37 pupils' health knowledge, skills, attitudes and behaviors, which is
38 fundamental to improving their health status and academic performance,
39 as well as reducing the incidence of adolescent pregnancy, alcohol
40 abuse, tobacco abuse, truancy, suicide, substance abuse, obesity, asth-
41 ma, other chronic respiratory diseases, and other problems of childhood
42 and adolescence.

43 § 4. Section 813 of the education law, as added by chapter 296 of the
44 laws of 1994, is amended to read as follows:

45 § 813. School lunch period; scheduling. Each school shall schedule a
46 reasonable time during each school day for each full day pupil attending
47 pre-kindergarten through grade twelve with ample time to consume lunch
48 and to engage in physical exercise or recreation.

49 § 5. This act shall take effect immediately, except that section two
50 of this act shall take effect on the same date and in the same manner as
51 chapter 390 of the laws of 2016, takes effect.

1 Section 1. Section 11 of the public buildings law, as added by chapter
2 819 of the laws of 1987 and subdivision 2 as amended by chapter 126 of
3 the laws of 1988, is amended to read as follows:

4 § 11. Pilot program of bicycle parking facilities. 1. Legislative
5 finding. In recognition of the role which bicycles can serve as a valu-
6 able transportation mode with energy conservation, health, physical
7 fitness and environmental benefits, it is hereby declared to be the
8 policy of the state that provision for adequate and safe bicycle facili-
9 ties including the use of present facilities for safe and secure bicycle
10 parking and storage be included in the planning [~~and~~], ~~development,~~
11 construction or reconstruction of all state facilities.

12 2. (a) The commissioner of general services shall undertake a [~~pilot~~]
13 program for the provision and promotion of safe and secure bicycle park-
14 ing facilities at state office buildings for state employees and visi-
15 tors at such buildings. The commissioner[~~, within one year of the enact-~~
16 ~~ment of this section,~~] of general services shall provide, at the
17 principal office buildings under his or her superintendence at the
18 Nelson A. Rockefeller Empire State Plaza in Albany[~~, New York~~], secure
19 bicycle parking facilities for use by employees and visitors. Provided,
20 further, that the commissioner of general services shall make an inven-
21 tory of all existing bicycle parking and storage facilities at all state
22 office buildings and office buildings in which the state leases or occu-
23 pies space. Such inventory shall be made only of state owned or leased
24 buildings or offices which have over fifty state employees located at
25 such site or in which the visitation rate by the general public is over
26 five hundred visitors, on average, each month. Such inventory of bicycle
27 parking and storage facilities shall be completed within two years of
28 the effective date of the chapter of the laws of two thousand seventeen
29 which amended this section.

30 (b) The commissioner of general services is also authorized, within a
31 reasonable period and where feasible, to provide suitable support facil-
32 ities including clothing lockers, showers and changing facilities, and
33 to charge a reasonable use fee.

34 (c) For the purpose of this section, the term "bicycle parking facili-
35 ty" means a device or enclosure, located within a building or installa-
36 tion, or conveniently adjacent thereto, that is easily accessible,
37 clearly visible and so located as to minimize the danger of theft of
38 bicycles. Such a device shall consist of a parking rack, locker, or
39 other device constructed to enable the frame and both wheels of a bicy-
40 cle to be secured with ease by use of a padlock in a manner that will
41 minimize the risk of theft, or an enclosure which limits access to the
42 bicycles and is under observation by an attendant.

43 3. Upon completion of a state office building bicycle parking and
44 storage facilities inventory provided for in paragraph (a) of subdivi-
45 sion two of this section, the commissioner of general services shall
46 develop a plan to expand bicycle parking and storage facilities to
47 encourage the use of such facilities by state employees and the general
48 public that patronize such facilities to conduct public business. Such
49 plan shall be completed within eighteen months after finalization of the
50 parking and storage facilities inventory. Such plan shall contain and
51 address the following elements to encourage state employees and the
52 general public to use bicycles more frequently at each state office
53 building facility or leased premise:

54 (a) The inventory of bicycle parking and storage facilities shall be
55 ranked from highest to lowest based on the existing unfulfilled demand
56 for such facilities at state office buildings. Such ranking shall also

1 consider increased future demand or the potential for increased future
2 demand of such parking and storage facilities;

3 (b) In urban settings, there shall be a plan to develop, where practi-
4 cable, an ample supply of secure covered and uncovered off-street bicy-
5 cle parking and storage or alternate indoor parking or storage for such
6 bicycles;

7 (c) Adequate posting of such bicycle parking and storage facilities
8 shall be provided for and placed around such state office building
9 facility to encourage utilization of such parking and storage facilities
10 by state employees and the general public;

11 (d) A marketing plan and community outreach effort shall provide for
12 the dissemination of information to state employees, visitors to state
13 office buildings, and to the general public to encourage individuals to
14 use bicycles when traveling to such buildings or facilities; and

15 (e) The commissioner of general services shall include and address any
16 other element in the plan as he or she deems appropriate.

17 4. In undertaking such [pilot] program, the office of general services
18 shall: (a) Consult with and cooperate with (i) [the statewide bicycle
19 advisory council, (ii)] the [New York state] department of transporta-
20 tion regional bicycle coordinator[, (iii)]; (ii) local bicycle planning
21 groups[,]; and [(iv)] (iii) persons, organizations, and groups served
22 by, interested in, or concerned with the area under study.

23 (b) Request and receive from any department, division, board, bureau,
24 commission or other agency of the state or any political subdivision
25 thereof or any public authority, any assistance and data as may be
26 necessary to enable the office of general services to carry out its
27 responsibilities under this section.

28 ~~[(c) On or before the first day of January, nineteen hundred eighty-~~
29 ~~nine, a report shall be submitted to the governor and the legislature~~
30 ~~which shall include a determination of usage levels, a statement outlin-~~
31 ~~ing first year progress and the elements of a statewide plan for the~~
32 ~~provision of such facilities.]~~

33 5. Nothing in this section shall be construed to require the state or
34 the owner, lessee, manager or other person who is in control of a build-
35 ing governed by this section to provide space for stored bicycles at
36 such building or brought into such building or to permit a bicycle to be
37 parked in a manner that violates building or fire codes or any other
38 applicable law, rule or code, or which otherwise impedes ingress or
39 egress to such building.

40 6. There is hereby established a temporary bicycle commuting task
41 force to examine the development of suitable levels of bicycle parking
42 in public spaces.

43 (a) Such task force shall be comprised of eleven members, including
44 the commissioner of general services, the commissioner of transporta-
45 tion, the commissioner of motor vehicles, the commissioner of buildings
46 of the city of New York and the commissioner of parks, recreation and
47 historic preservation or a designee of any such commissioners. The
48 remaining six members shall consist of a group of municipal planners,
49 bicycle association representatives, building contractors and engineers.
50 They shall be appointed as follows: two members shall be appointed by
51 the temporary president of the senate; one member shall be appointed by
52 the minority leader of the senate; two members shall be appointed by the
53 speaker of the assembly; and one member shall be appointed by the minor-
54 ity leader of the assembly.

55 (b) The chair of the temporary bicycle commuting task force shall be
56 the commissioner of general services. Members of the temporary bicycle

1 commuting task force shall serve without compensation and shall meet
2 when deemed necessary by the chair.

3 (c) Within eighteen months of the temporary bicycle commuting task
4 force's establishment, such task force shall issue a report to the
5 governor and the legislature. Such report shall include, but not be
6 limited to (i) an assessment of the demand for bicycle parking in public
7 spaces; (ii) an examination of the marketing and community outreach
8 efforts needed to encourage the use of bicycles; (iii) recommendations
9 on establishing partnerships with entities to develop bicycle storage
10 and parking facilities in public spaces; and (iv) suggestions on expand-
11 ing the office of general services to local municipal and private office
12 buildings. Such report shall be posted on the website of each state
13 agency that was a member of such task force within twenty days from its
14 submission to the governor. The temporary bicycle commuting task force
15 shall cease to exist three months after the issuance of its report.

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

18 PART N

19 Section 1. Section 3231 of the insurance law, as added by chapter 501
20 of the laws of 1992, is amended by adding a new subsection (c-1) to read
21 as follows:

22 (c-1) Subject to the approval of the superintendent, an insurer or
23 health maintenance organization issuing an individual or group health
24 insurance policy pursuant to this section may provide for an actuarially
25 appropriate reduction in premium rates or other benefits or enhancements
26 approved by the superintendent to encourage an enrollee's or insured's
27 active participation in a qualified wellness program. A qualified well-
28 ness program can be a risk management system that identifies at-risk
29 populations or any other systematic program or course of medical conduct
30 which helps to promote physical and mental fitness, health and well-be-
31 ing, helps to prevent or mitigate the conditions of acute or chronic
32 sickness, disease or pain, or which minimizes adverse health conse-
33 quences due to lifestyle. Such a wellness program may have some or all
34 of the following elements to advance the physical health and mental
35 well-being of its participants:

36 (1) an education program to increase the awareness of and dissem-
37 ination of information about pursuing healthier lifestyles, and which
38 warns about risks of pursuing environmental or behavioral activities
39 that are detrimental to human health. In addition, information on the
40 availability of health screening tests to assist in the early identifi-
41 cation and treatment of diseases such as cancer, heart disease, hyper-
42 tension, diabetes, asthma, obesity or other adverse health afflictions;

43 (2) a program that encourages behavioral practices that either encour-
44 ages healthy living activities or discourages unhealthy living activ-
45 ities. Such activities or practices may include wellness programs, as
46 provided under section three thousand two hundred thirty-nine of this
47 article; and

48 (3) the monitoring of the progress of each covered person to track his
49 or her adherence to such wellness program and to provide assistance and
50 moral support to such covered person to assist him or her to attain the
51 goals of the covered person's wellness program.

52 Such wellness program shall demonstrate actuarially that it encourages
53 the general good health and well-being of the covered population. The
54 insurer or health maintenance organization shall not require specific

1 outcomes as a result of an enrollee's or insured's adherence to the
2 approved wellness program.

3 § 2. Subsection (c) of section 3239 of the insurance law, as amended
4 by chapter 180 of the laws of 2016, is amended to read as follows:

5 (c)(1) A wellness program may use rewards and incentives for partic-
6 ipation provided that where the group health insurance policy or
7 subscriber contract is required to be community-rated, the rewards and
8 incentives shall not include a discounted premium rate or a rebate or
9 refund of premium, except as provided in section three thousand two
10 hundred thirty-one of this article, or section four thousand two hundred
11 thirty-five, four thousand three hundred seventeen or four thousand
12 three hundred twenty-six of this chapter, or section forty-four hundred
13 five of the public health law.

14 (2) Permissible rewards and incentives may include:

15 (A) full or partial reimbursement of the cost of participating in
16 smoking cessation, weight management, stress and/or hypertension, worker
17 injury prevention, nutrition education, substance or alcohol abuse
18 cessation, or chronic pain management and coping programs;

19 (B) full or partial reimbursement of the cost of membership in a
20 health club or fitness center;

21 (C) the waiver or reduction of copayments, coinsurance and deductibles
22 for preventive services covered under the group policy or subscriber
23 contract;

24 (D) monetary rewards in the form of gift cards or gift certificates,
25 so long as the recipient of the reward is encouraged to use the reward
26 for a product or a service that promotes good health, such as healthy
27 cook books, over the counter vitamins or exercise equipment;

28 (E) full or partial reimbursement of the cost of participating in a
29 stress management program or activity; and

30 (F) full or partial reimbursement of the cost of participating in a
31 health or fitness program.

32 (3) Where the reward involves a group member's meeting a specified
33 standard based on a health condition, the wellness program must meet the
34 requirements of 45 CFR Part 146.

35 (4) A reward or incentive which involves a discounted premium rate or
36 a rebate or refund of premium shall be based on actuarial demonstration
37 that the wellness program can reasonably be expected to result in the
38 overall good health and well being of the group as provided in section
39 three thousand two hundred thirty-one of this article, sections four
40 thousand two hundred thirty-five, four thousand three hundred seventeen
41 and four thousand three hundred twenty-six of this chapter, and section
42 forty-four hundred five of the public health law.

43 § 3. Subsection (h) of section 4235 of the insurance law is amended by
44 adding a new paragraph 5 to read as follows:

45 (5) Each insurer doing business in this state, when filing with the
46 superintendent its schedules of premium rates, rules and classification
47 of risks for use in connection with the issuance of its policies of
48 group accident, group health or group accident and health insurance, may
49 provide for an actuarially appropriate reduction in premium rates or
50 other benefits or enhancements approved by the superintendent to encour-
51 age an enrollee's or insured's active participation in a qualified well-
52 ness program. A qualified wellness program can be a risk management
53 system that identifies at-risk populations or any other systematic
54 program or course of medical conduct which helps to promote physical and
55 mental fitness, health and well-being, helps to prevent or mitigate the
56 conditions of acute or chronic sickness, disease or pain, or which mini-

1 mizes adverse health consequences due to lifestyle. Such a wellness
2 program may have some or all of the following elements to advance the
3 physical health and mental well-being of its participants:

4 (A) an education program to increase the awareness of and dissem-
5 ination of information about pursuing healthier lifestyles, and which
6 warns about risks of pursuing environmental or behavioral activities
7 that are detrimental to human health. In addition, information on the
8 availability of health screening tests to assist in the early identifi-
9 cation and treatment of diseases such as cancer, heart disease, hyper-

10 tension, diabetes, asthma, obesity or other adverse health afflictions;
11 (B) a program that encourages behavioral practices that either encour-
12 ages healthy living activities or discourages unhealthy living activ-
13 ities. Such activities or practices may include wellness programs, as
14 provided under section three thousand two hundred thirty-nine of this
15 chapter; and

16 (C) the monitoring of the progress of each covered person to track his
17 or her adherence to such wellness program and to provide assistance and
18 moral support to such covered person to assist him or her to attain the
19 goals of the covered person's wellness program.

20 Such wellness program shall demonstrate actuarially that it encourages
21 the general good health and well-being of the covered population. The
22 insurer or health maintenance organization shall not require specific
23 outcomes as a result of an enrollee's or insured's adherence to the
24 approved wellness program.

25 § 4. Section 4317 of the insurance law is amended by adding a new
26 subsection (c-1) to read as follows:

27 (c-1) Subject to the approval of the superintendent, an insurer or
28 health maintenance organization issuing an individual or group health
29 insurance contract pursuant to this section may provide for an actuari-
30 ally appropriate reduction in premium rates or other benefits or
31 enhancements approved by the superintendent to encourage an enrollee's
32 or insured's active participation in a qualified wellness program. A
33 qualified wellness program can be a risk management system that identi-
34 fies at-risk populations or any other systematic program or course of
35 medical conduct which helps to promote physical and mental fitness,
36 health and well-being, helps to prevent or mitigate the conditions of
37 acute or chronic sickness, disease or pain, or which minimizes adverse
38 health consequences due to lifestyle. Such a wellness program may have
39 some or all of the following elements to advance the physical health and
40 mental well-being of its participants:

41 (1) an education program to increase the awareness of and dissem-
42 ination of information about pursuing healthier lifestyles, and which
43 warns about risks of pursuing environmental or behavioral activities
44 that are detrimental to human health. In addition, information on the
45 availability of health screening tests to assist in the early identifi-
46 cation and treatment of diseases such as cancer, heart disease, hyper-
47 tension, diabetes, asthma, obesity or other adverse health afflictions;

48 (2) a program that encourages behavioral practices that either encour-
49 ages healthy living activities or discourages unhealthy living activ-
50 ities. Such activities or practices may include wellness programs, as
51 provided under section three thousand two hundred thirty-nine of this
52 chapter; and

53 (3) the monitoring of the progress of each covered person to track his
54 or her adherence to such wellness program and to provide assistance and
55 moral support to such covered person to assist him or her to attain the
56 goals of the covered person's wellness program.

1 Such wellness program shall demonstrate actuarially that it encourages
2 the general good health and well-being of the covered population. The
3 insurer or health maintenance organization shall not require specific
4 outcomes as a result of an enrollee's or insured's adherence to the
5 approved wellness program.

6 § 5. Subsection (m) of section 4326 of the insurance law is amended by
7 adding a new paragraph 4 to read as follows:

8 (4) approval of the superintendent, an insurer or health maintenance
9 organization issuing a contract for qualifying small employers or indi-
10 viduals pursuant to this section may provide for an actuarially appro-
11 priate reduction in premium rates or other benefits or enhancements
12 approved by the superintendent to encourage an enrollee's or insured's
13 active participation in a qualified wellness program. A qualified well-
14 ness program can be a risk management system that identifies at-risk
15 populations or any other systematic program or course of medical conduct
16 which helps to promote physical and mental fitness, health and well-be-
17 ing, helps to prevent or mitigate the conditions of acute or chronic
18 sickness, disease or pain, or which minimizes adverse health conse-
19 quences due to lifestyle. Such a wellness program may have some or all
20 of the following elements to advance the physical health and mental
21 well-being of its participants:

22 (i) an education program to increase the awareness of and dissem-
23 ination of information about pursuing healthier lifestyles, and which
24 warns about risks of pursuing environmental or behavioral activities
25 that are detrimental to human health. In addition, information on the
26 availability of health screening tests to assist in the early identifi-
27 cation and treatment of diseases such as cancer, heart disease, hyper-
28 tension, diabetes, asthma, obesity or other adverse health afflictions;

29 (ii) a program that encourages behavioral practices that either
30 encourages healthy living activities or discourages unhealthy living
31 activities. Such activities or practices may include wellness programs,
32 as provided under section three thousand two hundred thirty-nine of this
33 chapter; and

34 (iii) the monitoring of the progress of each covered person to track
35 his or her adherence to such wellness program and to provide assistance
36 and moral support to such covered person to assist him or her to attain
37 the goals of the covered person's wellness program.

38 Such wellness program shall demonstrate actuarially that it encourages
39 the general good health and well-being of the covered population. The
40 insurer or health maintenance organization shall not require specific
41 outcomes as a result of an enrollee's or insured's adherence to the
42 approved wellness program.

43 § 6. Section 4405 of the public health law is amended by adding a new
44 subdivision 5-a to read as follows:

45 5-a. subject to the approval of the superintendent of financial
46 services, the possible providing of an actuarially appropriate reduction
47 in premium rates or other benefits or enhancements approved by the
48 superintendent of financial services to encourage an enrollee's active
49 participation in a qualified wellness program. A qualified wellness
50 program can be a risk management system that identifies at-risk popu-
51 lations or any other systematic program or course of medical conduct
52 which helps to promote physical and mental fitness, health and well-be-
53 ing, helps to prevent or mitigate the conditions of acute or chronic
54 sickness, disease or pain, or which minimizes adverse health conse-
55 quences due to lifestyle. Such a wellness program may have some or all

1 of the following elements to advance the physical health and mental
2 well-being of its participants:

3 (1) an education program to increase the awareness of and dissem-
4 ination of information about pursuing healthier lifestyles, and which
5 warns about risks of pursuing environmental or behavioral activities
6 that are detrimental to human health. In addition, information on the
7 availability of health screening tests to assist in the early identifi-
8 cation and treatment of diseases such as cancer, heart disease, hyper-
9 tension, diabetes, asthma, obesity or other adverse health afflictions;

10 (2) a program that encourages behavioral practices that either encour-
11 ages healthy living activities or discourages unhealthy living activ-
12 ities. Such activities or practices may include wellness programs, as
13 provided under section three thousand two hundred thirty-nine of the
14 insurance law; and

15 (3) the monitoring of the progress of each covered person to track his
16 or her adherence to such wellness program and to provide assistance and
17 moral support to such covered person to assist him or her to attain the
18 goals of the covered person's wellness program.

19 Such wellness program shall demonstrate actuarially that it encourages
20 the general good health and well-being of the covered population. The
21 health maintenance organization shall not require specific outcomes as a
22 result of an enrollee's adherence to the approved wellness program;

23 § 7. This act shall take effect on the one hundred eightieth day after
24 it shall have become a law; provided that, effective immediately any
25 rules and regulations necessary to implement the provisions of this act
26 on its effective date are authorized and directed to be added, amended
27 and/or repealed on or before such date.

28 PART 0

29 Section 1. Section 31-f of the agriculture and markets law, as added
30 by chapter 528 of the laws of 2013, is amended to read as follows:

31 § 31-f. Legislative findings. The legislature hereby finds and
32 declares that community gardens provide significant health, educational
33 and social benefits to the general public, especially for those who
34 reside in urban and suburban areas of this state. Furthermore, it is the
35 articulated public policy of this state to promote and foster growth in
36 the number of community gardens and the acreage of such gardens. The
37 community garden movement continues to provide low cost food that is
38 fresh and nutritious for those who may be unable to readily afford or
39 have easy access to fresh fruits and vegetables for themselves or their
40 families, promotes public health and healthier individual lifestyles by
41 encouraging better eating habits and increased physical activity by
42 growing their own food, fosters the retention and expansion of open
43 spaces, particularly in urban environments, enhances urban and suburban
44 environmental quality and community beautification, provides inexpensive
45 community building activities, recreation and physical exercise for all
46 age groups, establishes a safe place for community involvement and helps
47 to reduce the incidence of crime, engenders a closer relationship
48 between urban residents, nature and their local environment, and fosters
49 green job training and ecological education at all levels. It is there-
50 fore the intent of the legislature and the purpose of this article to
51 foster growth in the number, size and scope of community gardens in this
52 state by encouraging state agencies, municipalities and private parties
53 in their efforts to promote community gardens.

§ 2. Paragraph f of subdivision 2 of section 31-h of the agriculture and markets law, as added by chapter 528 of the laws of 2013, is amended to read as follows:

f. Assist, support and encourage communication, and the sharing of resources between community garden organizations, the department of health, the department of state, the division of housing and community renewal and the New York Harvest For New York Kids Week program established by the department pursuant to subdivision five-b of section sixteen of this chapter, and individual farm-to-school and school garden programs.

§ 3. Paragraph (a) of subdivision 4 of section 31-j of the agriculture and markets law, as amended by chapter 154 of the laws of 2015, is amended to read as follows:

(a) The goals of the task force may include, but are not limited to, the study, evaluation and development of recommendations: (i) to encourage the establishment and expansion of community gardens by state agencies, municipal governments and private parties, (ii) to encourage cooperation between the activities and operations of community gardens and provision of donated food to local voluntary food assistance programs for the poor and disadvantaged, (iii) to increase the benefits that community gardens may provide to the local community in which they are located, ~~[and]~~ (iv) to encourage cooperation with community-based organizations to increase the opportunities for seniors, those aged sixty years of age or older, to participate in community gardens, and (v) to encourage the expansion of the production of fresh fruits and vegetables in areas served by community gardens so that such fresh produce can be consumed locally to help encourage healthier life styles and wellness, and to help reduce the incidence of adult and childhood obesity.

§ 4. This act shall take effect immediately.

PART P

Section 1. Subdivision 4 of section 28-a of the general city law is amended by adding a new paragraph (j-1) to read as follows:

(j-1) Specific policies and strategies to develop more and safer bike lanes and multiple use trails so as to encourage more physical activity and reduce carbon emissions.

§ 2. Subdivision 3 of section 272-a of the town law is amended by adding a new paragraph (j-1) to read as follows:

(j-1) Specific policies and strategies to develop more and safer bike lanes and multiple use trails so as to encourage more physical activity and reduce carbon emissions.

§ 3. Subdivision 3 of section 7-722 of the village law is amended by adding a new paragraph (j-1) to read as follows:

(j-1) Specific policies and strategies to develop more and safer bike lanes and multiple use trails so as to encourage more physical activity and reduce carbon emissions.

§ 4. Subdivision 1 of section 239-d of the general municipal law is amended by adding a new paragraph (j-1) to read as follows:

(j-1) Specific policies and strategies to develop more and safer bike lanes and multiple use trails so as to encourage more physical activity and reduce carbon emissions.

§ 5. Subdivision (b) of section 331 of the highway law, as added by chapter 398 of the laws of 2011, is amended to read as follows:

(b) Complete street design features are roadway design features that accommodate and facilitate convenient access and mobility by all users,

1 including current and projected users, particularly pedestrians, bicy-
2 clists and individuals of all ages and abilities engaged in physical
3 activity. These features may include, but need not be limited to: side-
4 walks, paved shoulders suitable for use by bicyclists and pedestrians,
5 lane striping, bicycle lanes, multiple use trails, share the road
6 signage, crosswalks, road diets, pedestrian control signalization, bus
7 pull outs, curb cuts, raised crosswalks and ramps and traffic calming
8 measures; and recognize that the needs of users of the road network vary
9 according to a rural, urban and suburban context.

10 § 6. This act shall take effect immediately.

11 PART Q

12 Section 1. Subdivision 10 of section 3.09 of the parks, recreation and
13 historic preservation law is amended to read as follows:

14 10. Encourage, promote and provide recreational opportunities for
15 residents of urban as well as suburban and rural areas, which may
16 include, but not be limited to, the development of more and safer multi-
17 ple use trails in state parks and throughout the state so as to encour-
18 age more physical activity.

19 § 2. This act shall take effect immediately.

20 PART R

21 Section 1. Section 284 of the agriculture and markets law is amended
22 by adding a new subdivision 10 to read as follows:

23 10. Development and facilitation of the establishment of regional
24 farmers' markets to promote the direct marketing of farm and food
25 products on a wholesale or bulk sales basis to large volume purchasers
26 of farm and food products. Such regional farmers' markets should be,
27 whenever possible, located in areas that have poor consumer access to
28 high quality and reasonably priced food and farm products or food
29 deserts; or which would sell to or cater to the needs of retailers or
30 bulk purchasers of food and farm products that are located in areas that
31 have poor consumer access to high quality and reasonably priced food and
32 farm products or food deserts. The department is authorized to work in
33 cooperation with the New York state urban development corporation for
34 the purposes of this subdivision and section sixteen-m of the New York
35 state urban development corporation act.

36 § 2. This act shall take effect immediately.

37 § 3. Severability clause. If any clause, sentence, paragraph, subdivi-
38 sion, section or part of this act shall be adjudged by any court of
39 competent jurisdiction to be invalid, such judgment shall not affect,
40 impair, or invalidate the remainder thereof, but shall be confined in
41 its operation to the clause, sentence, paragraph, subdivision, section
42 or part thereof directly involved in the controversy in which such judg-
43 ment shall have been rendered. It is hereby declared to be the intent of
44 the legislature that this act would have been enacted even if such
45 invalid provisions had not been included herein.

46 § 4. This act shall take effect immediately provided, however, that
47 the applicable effective date of Parts A through R of this act shall be
48 as specifically set forth in the last section of such Parts.