

# STATE OF NEW YORK

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5322

2019-2020 Regular Sessions

## IN ASSEMBLY

February 8, 2019

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Introduced by M. of A. CRESPO -- read once and referred to the Committee on Agriculture

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 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

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

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

40 (ii) The commissioner may establish a voluntary artificial trans fat  
41 reduction program. Such program may consist of, but shall not be limited

to, the following components: (A) a public information dissemination program to inform the public of the health risks associated with the overconsumption of artificial trans fats, and (B) suggested food preparation methods that can be followed by food service establishments and the general public to reduce or eliminate the use of artificial trans fats.

(iii)(A) By rule or regulation, may require every food service facility to disclose the nutritional information required by clause (B) of this subparagraph.

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

§ 2. This act shall take effect one year after it shall have become a law. Effective immediately the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.

#### PART B

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

##### ARTICLE 13-I

##### IN-UTERO EXPOSURE TO TOBACCO SMOKE PREVENTION

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

##### 1399-yy. Programs.

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

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

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

1. Carbon monoxide monitoring;
2. Depression, social support and domestic violence screening and referrals;
3. Referrals for smoking cessation for household members;
4. Ongoing support by counseling and educational materials; and
5. Financial incentives such as diaper coupons for quitting for more than four weeks.

§ 2. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.

#### PART C

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 demonstration program shall be limited to individuals who: receive medical assistance pursuant to title eleven of article five of the social services law and may be eligible for benefits pursuant to title 18 of the social security act (Medicare); are not enrolled in a Medicaid managed care plan, including individuals who are not required or not eligible to participate in Medicaid managed care programs pursuant to section three hundred sixty-four-j of the social services law; are diagnosed with chronic health problems as may be specified by the entity undertaking the demonstration program, including, but not limited to one or more of the following: congestive heart failure, chronic obstructive pulmonary disease, asthma, chronic bronchitis, other chronic respiratory diseases, diabetes, adult and childhood obesity, or other chronic health conditions as may be specified by the department; or have experienced or are likely to experience one or more hospitalizations or are otherwise expected to incur excessive costs and high utilization of health care services.

4. The demonstration program shall offer evidence-based services and interventions designed to ensure that the enrollees receive high quality, preventative and cost-effective care, aimed at reducing the necessity for hospitalization or emergency room care or at reducing lengths of stay when hospitalization is necessary. The demonstration program may include screening of eligible enrollees, developing an individualized care management plan for each enrollee and implementing that plan. Disease management demonstration programs that utilize information technology systems that allow for continuous application of evidence-based guidelines to medical assistance claims data and other available data to identify specific instances in which clinical interventions are justified and communicate indicated interventions to physicians, health care providers and/or patients, and monitor physician and health care provider response to such interventions, shall have the enrollees, or groups of enrollees, approved by the department for participation. The services provided by the demonstration program as part of the care management plan may include, but are not limited to, case management, social work, individualized health counselors, multi-behavioral goals plans, claims data management, health and self-care education, drug therapy management and oversight, personal emergency response systems and other monitoring technologies, systematic chronic health conditions identified for monitoring, telehealth services and similar services designed to improve the quality and cost-effectiveness of health care services.

§ 2. This act shall take effect immediately.

#### PART D

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

(a) developing media health promotion campaigns, in coordination with the public information provided pursuant to section twenty-five hundred-1 of this article, targeted to children and adolescents and their parents and caregivers that emphasize increasing consumption of low-calorie, high-nutrient foods, decreasing consumption of high-calorie, low-nutrient foods and increasing physical activity designed to prevent or reduce obesity;

(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

§ 2. This act shall take effect immediately.

#### PART E

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:

§ 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:

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

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

c. The fiscal impact of treating or preventing obesity;

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

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

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.

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.

§ 2. This act shall take effect immediately.

#### PART F

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

1 cancer research, or adult and childhood obesity, asthma, chronic bron-  
2 chitis or other chronic respiratory disease research;

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

9 (c) Consult with the Centers for Disease Control and Prevention, the  
10 National Institutes of Health, the Federal Agency For Health Care Policy  
11 and Research, the National Academy of Sciences and other organizations  
12 or entities which may be involved in cancer research to solicit both  
13 information regarding breast cancer research projects, and adult and  
14 childhood obesity, asthma, chronic bronchitis or other chronic respir-  
15 atory disease research projects that are currently being conducted and  
16 recommendations for future research projects;

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

19 § 2500-1. Childhood obesity prevention and screening. 1. Legislative  
20 declaration. The legislature hereby finds, determines and declares that  
21 obesity, particularly childhood obesity, is a serious medical problem  
22 and that the high incidence of such condition needs to be curtailed to  
23 improve the overall health of the general public and to help reduce the  
24 cost of providing health care in this state. Provided further, that the  
25 legislature hereby reaffirms the legislative intent contained in section  
26 two hundred sixty-one of this chapter concerning obesity.

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

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

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

50 5. The commissioner may release information collected through the  
51 statewide perinatal data system, pursuant to section twenty-five  
52 hundred-h of this title and corresponding information related to asthma,  
53 childhood obesity or underweight babies to his or her designees, includ-  
54 ing persons or entities under contract with the department to review  
55 quality of care issues, as related to the provisions of this section,  
56 and to conduct quality improvement initiatives as needed to monitor,



1 evaluate and improve patient care and outcomes. Such designee or person  
2 or entity under contract with the department to review quality of care  
3 issues shall maintain the confidentiality of all such information and  
4 shall use it only to improve quality of care, as approved by the depart-  
5 ment, and to implement the provisions of title five of article two of  
6 this chapter, as added by chapter five hundred thirty-eight of the laws  
7 of two thousand two.

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

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

27 § 3. This act shall take effect immediately.

28 PART G

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

31 § 923. Use of nebulizer. 1. Every school district and board of cooper-  
32 ative educational services in this state may maintain one or more nebu-  
33 lizers in the office of the school nurse or in a similar accessible  
34 location.

35 2. The commissioner, in consultation with the commissioner of health,  
36 may promulgate regulations for the administration of asthma medication  
37 through the use of a nebulizer by the school nurse or person authorized  
38 by regulation. The regulations may include:

39 a. a requirement that each certified nurse or other person authorized  
40 to administer asthma medication in schools receive training in airway  
41 management and in the use of nebulizers and inhalers consistent with  
42 nationally recognized standards; and

43 b. a requirement that each pupil authorized to use asthma medication  
44 pursuant to section nine hundred sixteen of this article or a nebulizer  
45 have an asthma treatment plan prepared by the physician of the pupil,  
46 which identify, at a minimum, asthma triggers, the treatment plan, and  
47 such other elements as shall be determined by the regents.

48 § 2. This act shall take effect on the one hundred eightieth day after  
49 it shall have become a law. Effective immediately the addition, amend-  
50 ment and/or repeal of any rule or regulation necessary for the implemen-  
51 tation of this act on its effective date are authorized to be made and  
52 completed on or before such date.

53 PART H

1 Section 1. The state finance law is amended by adding a new section  
2 91-g to read as follows:

3 § 91-g. Obesity and respiratory disease research and education fund.  
4 1. There is hereby established in the joint custody of the commissioner  
5 of taxation and finance and the comptroller, a special fund to be known  
6 as the "obesity and respiratory disease research and education fund".

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

13 3. Monies of the fund shall be expended only for adult and childhood  
14 obesity, asthma, chronic bronchitis or other chronic respiratory disease  
15 research and educational projects conducted pursuant to sections twen-  
16 ty-four hundred eleven, twenty-five hundred and twenty-five hundred-1 of  
17 the public health law.

18 4. Monies shall be payable from the fund on the audit and warrant of  
19 the comptroller on vouchers approved or certified by the commissioner of  
20 health.

21 § 2. This act shall take effect immediately.

22 PART I

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

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

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

51 6. No family day care home, group family day care home, school age  
52 child care program or child day care center shall discourage activities  
53 related to breast feeding a child or feeding a child who is fed with  
54 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. Effective immediately the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and 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 (1) to read as follows:

(1) 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 (1) 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 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

1 of school facilities by a not-for-profit or charitable organization. The  
2 use of such facilities shall only be for bona fide after-school programs  
3 that present some form of educational instruction or academic material,  
4 or promote physical education.

5 § 5. This act shall take effect on the one hundred eightieth day after  
6 it shall have become a law; provided that the amendments to subdivision  
7 27 of section 2590-h of the education law, made by section three of this  
8 act, shall be subject to the expiration and reversion of such section,  
9 pursuant to subdivision 12 of section 17 of chapter 345 of the laws of  
10 2009, as amended, when upon such date the provisions of section four of  
11 this act shall take effect.

12 PART K

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

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

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

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

44 § 912. Health and welfare services to all children. The voters and/or  
45 trustees or board of education of every school district shall, upon  
46 request of the authorities of a school other than public, provide resi-  
47 dent children who attend such school with any or all of the health and  
48 welfare services and facilities which are made available by such voters  
49 and/or trustees or board of education to or for children attending the  
50 public schools of the district. Such services may include, but are not  
51 limited to all services performed by a physician, physician assistant,  
52 dentist, dental hygienist, registered professional nurse, nurse practi-  
53 tioner, school psychologist, school social worker or school speech ther-  
54 apist, and may also include dental prophylaxis, vision and hearing

screening examinations, childhood obesity screening, the taking of medical histories and the administration of health screening tests, the maintenance of cumulative health records and the administration of emergency care programs for ill or injured students. Any such services or facilities shall be so provided notwithstanding any provision of any charter or other provision of law inconsistent herewith. Where children residing in one school district attend a school other than public located in another school district, the school authorities of the district of residence shall contract with the school authorities of the district where such nonpublic school is located, for the provision of such health and welfare services and facilities to such children by the school district where such nonpublic school is located, for a consideration to be agreed upon between the school authorities of such districts, subject to the approval of the qualified voters of the district of residence when required under the provisions of this chapter. Every such contract shall be in writing and in the form prescribed by the commissioner, and before such contract is executed the same shall be submitted for approval to the superintendent of schools having jurisdiction over such district of residence and such contract shall not become effective until approved by such superintendent.

§ 3. This act shall take effect immediately.

#### PART L

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

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

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

(b) Notwithstanding any other provision of this section, the regents may provide in its rules that the physical education instruction requirement for all students enrolled in elementary and secondary school grades shall, where feasible, include daily physical exercise or activity, including students with disabling conditions and those in alternative education programs. The regents may include in its rules that students enrolled in such elementary and secondary schools shall participate in physical education, exercise or activity for a minimum of sixty minutes during each school week. The regents may provide for a two-year phase-in schedule for daily physical education in elementary schools in its rules.

§ 2. The section heading and subdivisions 1 and 2 of section 804 of the education law, the section heading and subdivision 2 as amended by chapter 390 of the laws of 2016 and subdivision 1 as amended by chapter

1 of the laws of 2017, are amended and a new subdivision 5-a is added to read as follows:

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

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

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

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

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

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

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

§ 5. This act shall take effect immediately.

#### PART M

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

§ 11. Pilot program of bicycle parking facilities. 1. Legislative finding. In recognition of the role which bicycles can serve as a valuable transportation mode with energy conservation, health, physical fitness and environmental benefits, it is hereby declared to be the policy of the state that provision for adequate and safe bicycle facilities including the use of present facilities for safe and secure bicycle

1 parking and storage be included in the planning [~~and~~], development,  
2 construction or reconstruction of all state facilities.

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

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

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

34 3. Upon completion of a state office building bicycle parking and  
35 storage facilities inventory provided for in paragraph (a) of subdivi-  
36 sion two of this section, the commissioner of general services shall  
37 develop a plan to expand bicycle parking and storage facilities to  
38 encourage the use of such facilities by state employees and the general  
39 public that patronize such facilities to conduct public business. Such  
40 plan shall be completed within eighteen months after finalization of the  
41 parking and storage facilities inventory. Such plan shall contain and  
42 address the following elements to encourage state employees and the  
43 general public to use bicycles more frequently at each state office  
44 building facility or leased premise:

45 (a) The inventory of bicycle parking and storage facilities shall be  
46 ranked from highest to lowest based on the existing unfulfilled demand  
47 for such facilities at state office buildings. Such ranking shall also  
48 consider increased future demand or the potential for increased future  
49 demand of such parking and storage facilities;

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

54 (c) Adequate posting of such bicycle parking and storage facilities  
55 shall be provided for and placed around such state office building



1 facility to encourage utilization of such parking and storage facilities  
2 by state employees and the general public;

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

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

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

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

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

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

32 6. There is hereby established a temporary bicycle commuting task  
33 force to examine the development of suitable levels of bicycle parking  
34 in public spaces.

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

47 (b) The chair of the temporary bicycle commuting task force shall be  
48 the commissioner of general services. Members of the temporary bicycle  
49 commuting task force shall serve without compensation and shall meet  
50 when deemed necessary by the chair.

51 (c) Within eighteen months of the temporary bicycle commuting task  
52 force's establishment, such task force shall issue a report to the  
53 governor and the legislature. Such report shall include, but not be  
54 limited to (i) an assessment of the demand for bicycle parking in public  
55 spaces; (ii) an examination of the marketing and community outreach  
56 efforts needed to encourage the use of bicycles; (iii) recommendations



1 on establishing partnerships with entities to develop bicycle storage  
2 and parking facilities in public spaces; and (iv) suggestions on expand-  
3 ing the office of general services to local municipal and private office  
4 buildings. Such report shall be posted on the website of each state  
5 agency that was a member of such task force within twenty days from its  
6 submission to the governor. The temporary bicycle commuting task force  
7 shall cease to exist three months after the issuance of its report.

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

10 PART N

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

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

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

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

40 (3) the monitoring of the progress of each covered person to track his  
41 or her adherence to such wellness program and to provide assistance and  
42 moral support to such covered person to assist him or her to attain the  
43 goals of the covered person's wellness program.

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

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

51 (c)(1) A wellness program may use rewards and incentives for partic-  
52 ipation provided that where the group health insurance policy or  
53 subscriber contract is required to be community-rated, the rewards and  
54 incentives shall not include a discounted premium rate or a rebate or

1 refund of premium, except as provided in section three thousand two  
2 hundred thirty-one of this article, or section four thousand two hundred  
3 thirty-five, four thousand three hundred seventeen or four thousand  
4 three hundred twenty-six of this chapter, or section forty-four hundred  
5 five of the public health law.

6 (2) Permissible rewards and incentives may include:

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

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

13 (C) the waiver or reduction of copayments, coinsurance and deductibles  
14 for preventive services covered under the group policy or subscriber  
15 contract;

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

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

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

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

27 (4) A reward or incentive which involves a discounted premium rate or  
28 a rebate or refund of premium shall be based on actuarial demonstration  
29 that the wellness program can reasonably be expected to result in the  
30 overall good health and well being of the group as provided in section  
31 three thousand two hundred thirty-one of this article, sections four  
32 thousand two hundred thirty-five, four thousand three hundred seventeen  
33 and four thousand three hundred twenty-six of this chapter, and section  
34 forty-four hundred five of the public health law.

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

37 (5) Each insurer doing business in this state, when filing with the  
38 superintendent its schedules of premium rates, rules and classification  
39 of risks for use in connection with the issuance of its policies of  
40 group accident, group health or group accident and health insurance, may  
41 provide for an actuarially appropriate reduction in premium rates or  
42 other benefits or enhancements approved by the superintendent to encour-  
43 age an enrollee's or insured's active participation in a qualified well-  
44 ness program. A qualified wellness program can be a risk management  
45 system that identifies at-risk populations or any other systematic  
46 program or course of medical conduct which helps to promote physical and  
47 mental fitness, health and well-being, helps to prevent or mitigate the  
48 conditions of acute or chronic sickness, disease or pain, or which mini-  
49 mizes adverse health consequences due to lifestyle. Such a wellness  
50 program may have some or all of the following elements to advance the  
51 physical health and mental well-being of its participants:

52 (A) an education program to increase the awareness of and dissem-  
53 ination of information about pursuing healthier lifestyles, and which  
54 warns about risks of pursuing environmental or behavioral activities  
55 that are detrimental to human health. In addition, information on the  
56 availability of health screening tests to assist in the early identifi-

1 cation and treatment of diseases such as cancer, heart disease, hyper-  
2 tension, diabetes, asthma, obesity or other adverse health afflictions;

3 (B) a program that encourages behavioral practices that either encour-  
4 ages healthy living activities or discourages unhealthy living activ-  
5 ities. Such activities or practices may include wellness programs, as  
6 provided under section three thousand two hundred thirty-nine of this  
7 chapter; and

8 (C) the monitoring of the progress of each covered person to track his  
9 or her adherence to such wellness program and to provide assistance and  
10 moral support to such covered person to assist him or her to attain the  
11 goals of the covered person's wellness program.

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

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

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

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

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

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

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

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

(4) approval of the superintendent, an insurer or health maintenance organization issuing a contract for qualifying small employers or individuals pursuant to this section may provide for an actuarially appropriate reduction in premium rates or other benefits or enhancements approved by the superintendent to encourage an enrollee's or insured's active participation in a qualified wellness program. A qualified wellness program can be a risk management system that identifies at-risk populations or any other systematic program or course of medical conduct which helps to promote physical and mental fitness, health and well-being, helps to prevent or mitigate the conditions of acute or chronic sickness, disease or pain, or which minimizes adverse health consequences due to lifestyle. Such a wellness program may have some or all of the following elements to advance the physical health and mental well-being of its participants:

(i) an education program to increase the awareness of and dissemination of information about pursuing healthier lifestyles, and which warns about risks of pursuing environmental or behavioral activities that are detrimental to human health. In addition, information on the availability of health screening tests to assist in the early identification and treatment of diseases such as cancer, heart disease, hypertension, diabetes, asthma, obesity or other adverse health afflictions;

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

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

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

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

5-a. subject to the approval of the superintendent of financial services, the possible providing of an actuarially appropriate reduction in premium rates or other benefits or enhancements approved by the superintendent of financial services to encourage an enrollee's active participation in a qualified wellness program. A qualified wellness program can be a risk management system that identifies at-risk populations or any other systematic program or course of medical conduct which helps to promote physical and mental fitness, health and well-being, helps to prevent or mitigate the conditions of acute or chronic sickness, disease or pain, or which minimizes adverse health consequences due to lifestyle. Such a wellness program may have some or all of the following elements to advance the physical health and mental well-being of its participants:

(1) an education program to increase the awareness of and dissemination of information about pursuing healthier lifestyles, and which warns about risks of pursuing environmental or behavioral activities that are detrimental to human health. In addition, information on the availability of health screening tests to assist in the early identifi-

1 cation and treatment of diseases such as cancer, heart disease, hyper-  
2 tension, diabetes, asthma, obesity or other adverse health afflictions;

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

8 (3) the monitoring of the progress of each covered person to track his  
9 or her adherence to such wellness program and to provide assistance and  
10 moral support to such covered person to assist him or her to attain the  
11 goals of the covered person's wellness program.

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

16 § 7. This act shall take effect on the one hundred eightieth day after  
17 it shall have become a law. Effective immediately the addition, amend-  
18 ment and/or repeal of any rule or regulation necessary for the implemen-  
19 tation of this act on its effective date are authorized to be made and  
20 completed on or before such date.

21 PART O

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

24 § 31-f. Legislative findings. The legislature hereby finds and  
25 declares that community gardens provide significant health, educational  
26 and social benefits to the general public, especially for those who  
27 reside in urban and suburban areas of this state. Furthermore, it is the  
28 articulated public policy of this state to promote and foster growth in  
29 the number of community gardens and the acreage of such gardens. The  
30 community garden movement continues to provide low cost food that is  
31 fresh and nutritious for those who may be unable to readily afford or  
32 have easy access to fresh fruits and vegetables for themselves or their  
33 families, promotes public health and healthier individual lifestyles by  
34 encouraging better eating habits and increased physical activity by  
35 growing their own food, fosters the retention and expansion of open  
36 spaces, particularly in urban environments, enhances urban and suburban  
37 environmental quality and community beautification, provides inexpensive  
38 community building activities, recreation and physical exercise for all  
39 age groups, establishes a safe place for community involvement and helps  
40 to reduce the incidence of crime, engenders a closer relationship  
41 between urban residents, nature and their local environment, and fosters  
42 green job training and ecological education at all levels. It is there-  
43 fore the intent of the legislature and the purpose of this article to  
44 foster growth in the number, size and scope of community gardens in this  
45 state by encouraging state agencies, municipalities and private parties  
46 in their efforts to promote community gardens.

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

50 f. Assist, support and encourage communication, and the sharing of  
51 resources between community garden organizations, the department of  
52 health, the department of state, the division of housing and community  
53 renewal and the New York Harvest For New York Kids Week program estab-  
54 lished by the department pursuant to subdivision five-b of section



1 sixteen of this chapter, and individual farm-to-school and school garden  
2 programs.

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

6 (a) The goals of the task force may include, but are not limited to,  
7 the study, evaluation and development of recommendations: (i) to encour-  
8 age the establishment and expansion of community gardens by state agen-  
9 cies, municipal governments and private parties, (ii) to encourage coop-  
10 eration between the activities and operations of community gardens and  
11 provision of donated food to local voluntary food assistance programs  
12 for the poor and disadvantaged, (iii) to increase the benefits that  
13 community gardens may provide to the local community in which they are  
14 located, ~~and~~ (iv) to encourage cooperation with community-based organ-  
15 izations to increase the opportunities for seniors, those aged sixty  
16 years of age or older, to participate in community gardens, and (v) to  
17 encourage the expansion of the production of fresh fruits and vegetables  
18 in areas served by community gardens so that such fresh produce can be  
19 consumed locally to help encourage healthier life styles and wellness,  
20 and to help reduce the incidence of adult and childhood obesity.

21 § 4. This act shall take effect immediately.

22 PART P

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

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

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

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

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

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

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

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

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

45 (b) Complete street design features are roadway design features that  
46 accommodate and facilitate convenient access and mobility by all users,  
47 including current and projected users, particularly pedestrians, bicy-  
48 clists and individuals of all ages and abilities engaged in physical  
49 activity. These features may include, but need not be limited to: side-  
50 walks, paved shoulders suitable for use by bicyclists and pedestrians,  
51 lane striping, bicycle lanes, multiple use trails, share the road  
52 signage, crosswalks, road diets, pedestrian control signalization, bus  
53 pull outs, curb cuts, raised crosswalks and ramps and traffic calming



measures; and recognize that the needs of users of the road network vary according to a rural, urban and suburban context.

§ 6. This act shall take effect immediately.

#### PART Q

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

10. Encourage, promote and provide recreational opportunities for residents of urban as well as suburban and rural areas, which may include, but not be limited to, the development of more and safer multiple use trails in state parks and throughout the state so as to encourage more physical activity.

§ 2. This act shall take effect immediately.

#### PART R

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

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

§ 2. This act shall take effect immediately.

§ 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.

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