

STATE OF NEW YORK

6761

2023-2024 Regular Sessions

IN ASSEMBLY

May 8, 2023

Introduced by M. of A. REYES -- read once and referred to the Committee on Health

AN ACT to amend the public health law, the mental hygiene law, the social services law, and the insurance law, in relation to allowing certain youth to give effective consent to medical, dental, health, and/or hospital services and immunizations

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

- 1 Section 1. Subdivisions 2, 4, 5, and 6 of section 2504 of the public
2 health law, subdivision 2 as amended by chapter 119 of the laws of 2005,
3 subdivision 4 as amended by chapter 623 of the laws of 2019, subdivision
4 5 as added and subdivision 6 as renumbered by chapter 521 of the laws of
5 1994 and subdivision 6 as added by chapter 769 of the laws of 1972, are
6 amended and a new subdivision 8 is added to read as follows:
7 2. Any person who has been married or who has borne a child may give
8 effective consent for medical, dental, health and hospital services for
9 his [~~or~~], her, or their child. Any person who has been designated pursu-
10 ant to title fifteen-A of article five of the general obligations law as
11 a person in parental relation to a child may consent to any medical,
12 dental, health and hospital services for such child for which consent is
13 otherwise required [~~which are not: (a) major medical treatment as~~
14 ~~defined in subdivision (a) of section 80.03 of the mental hygiene law,~~
15 ~~(b) electroconvulsive therapy, or (c) the withdrawal or discontinuance~~
16 ~~of medical treatment which is sustaining life functions~~].
17 4. Medical, dental, health and hospital services may be rendered to
18 persons of any age without the consent of a parent, legal guardian or
19 person possessing a lawful order of custody when, in the [~~physician's~~
20 practitioner's judgment], an emergency exists and the person is in imme-
21 diate need of medical attention and an attempt to secure consent would
22 result in delay of treatment which would increase the risk to the
23 person's life or health.

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

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1 5. Where not otherwise already authorized by law to do so, any person
2 in a parental relation to a child as defined in section twenty-one
3 hundred sixty-four of this chapter and, (i) a grandparent, an adult
4 brother or sister, an adult aunt or uncle, any of whom has assumed care
5 of the child and, (ii) an adult who has care of the child and has writ-
6 ten authorization to consent from a person in a parental relation to a
7 child as defined in section twenty-one hundred sixty-four of this chap-
8 ter, may give effective consent for the immunization of a child. Howev-
9 er, a person other than one in a parental relation to the child shall
10 not give consent under this subdivision if [~~he or she has~~] they have
11 reason to believe that a person in parental relation to the child as
12 defined in section twenty-one hundred sixty-four of this chapter objects
13 to the immunization. However, a child who may give effective consent to
14 medical, dental, health, and hospital services pursuant to this section
15 may give such consent to their own immunization, and the consent of no
16 other person shall be necessary.

17 6. Anyone who acts in good faith based on the representation by a
18 person that [~~he is~~] they are eligible to consent pursuant to the terms
19 of this section shall be deemed to have received effective consent.

20 8. Any person, including a minor, who comprehends the need for, the
21 nature of, and the reasonably foreseeable risks and benefits involved in
22 any contemplated medical, dental, health, and/or hospital services, and
23 any alternatives thereto, may give effective consent to such services
24 for themselves, and the consent of no other person shall be necessary. The
25 commissioner is authorized to promulgate rules and regulations necessary
26 to effectuate the provisions of this subdivision.

27 § 2. Subdivision (a) of section 9.13 of the mental hygiene law, as
28 amended by chapter 465 of the laws of 1992, is amended to read as
29 follows:

30 (a) The director of any hospital may receive as a voluntary patient
31 any suitable person in need of care and treatment, who voluntarily makes
32 written application therefor. If the person is under sixteen years of
33 age, the person may be received as a voluntary patient [~~only~~] on the
34 application of the parent, legal guardian, or next-of-kin of such
35 person[~~, or,~~]; subject to the terms of any court order or any instrument
36 executed pursuant to section three hundred eighty-four-a of the social
37 services law, a social services official or authorized agency with care
38 and custody of such person pursuant to section three hundred eighty-
39 four-a of the social services law, the director of the division for
40 youth, acting in accordance with section five hundred nine of the execu-
41 tive law, or a person or entity having custody of the person pursuant to
42 an order issued pursuant to section seven hundred fifty-six or one thou-
43 sand fifty-five of the family court act; or on such person's own appli-
44 cation, if they may give effective consent pursuant to section twenty-
45 five hundred four of the public health law. If the person is over
46 sixteen and under eighteen years of age, the director may, in [~~his~~]
47 their discretion, admit such person either as a voluntary patient on
48 [~~his~~] their own application or on the application of the person's
49 parent, legal guardian, next-of-kin, or, subject to the terms of any
50 court order or any instrument executed pursuant to section three hundred
51 eighty-four-a of the social services law, a social services official or
52 authorized agency with care and custody of such person pursuant to
53 section three hundred eighty-four-a of the social services law, the
54 director of the division for youth, acting in accordance with section
55 five hundred nine of the executive law, provided that such person know-
56 ingly and voluntarily consented to such application in accordance with

1 such section, or a person or entity having custody of the person pursuant to an order issued pursuant to section seven hundred fifty-six or 2 one thousand fifty-five of the family court act.

3 § 3. Subdivision (b) and paragraphs 1 and 3 of subdivision (c) of 4 section 22.11 of the mental hygiene law, as added by chapter 558 of the 5 laws of 1999, are amended to read as follows:

6 (b) In treating a minor for chemical dependence on an inpatient, resi- 7 dential, or outpatient basis, the important role of the parents or guar- 8 dians shall be recognized. Steps shall be taken to involve the parents 9 or guardians in the course of treatment, and consent from such a person 10 for inpatient, residential, or outpatient treatment for minors shall be 11 required, except as otherwise provided by subdivision (c) of this 12 section or section twenty-five hundred four of the public health law.

13 1. If, in the judgment of a [~~physician~~] qualified health professional, 14 parental or guardian involvement and consent would have a detrimental 15 effect on the course of treatment of a minor who is voluntarily seeking 16 treatment for chemical dependence or if a parent or guardian refuses to 17 consent to such treatment and the [~~physician~~] qualified health profes- 18 sional believes that such treatment is necessary for the best interests 19 of the child, such treatment may be provided to the minor by a [~~licensed~~ 20 ~~physician~~] qualified health professional on an inpatient, residential or 21 outpatient basis, a staff [~~physician~~] health professional in a hospital, 22 or persons operating under their supervision, without the consent or 23 involvement of the parent or guardian. Such [~~physician~~] qualified health 24 professional shall fully document the reasons why the requirements of 25 subdivision (b) of this section were dispensed within the minor's 26 medical record [~~, provided, however, that for providers of services which~~ 27 ~~are not required to include physicians on staff, pursuant to regulations~~ 28 ~~promulgated by the commissioner, a qualified health professional, as~~ 29 ~~defined in such regulations, shall fulfill the role of a physician for~~ 30 ~~purposes of this paragraph~~].

31 3. If the minor may give effective consent pursuant to section twenty- 32 five hundred four of the public health law, such treatment may be 33 provided to the minor by a qualified health professional on an inpa- 34 tient, residential or outpatient basis, a staff health professional in a 35 hospital, or persons operating under their supervision, without the 36 consent or involvement of the parent or guardian.

37 4. Admission and discharge for inpatient or residential treatment 38 shall be made in accordance with subdivision (d) of this section.

39 § 4. Subdivisions (a), (b), (c), and (e) of section 33.21 of the 40 mental hygiene law, subdivisions (a), (b), and (c) as amended and subdivi- 41 sion (e) as added by chapter 461 of the laws of 1994, are amended to 42 read as follows:

43 (a) For the purposes of this section:

44 (1) "minor" shall mean a person under eighteen years of age, but shall 45 not include a person who is the parent of a child, emancipated, has 46 married or is on voluntary status on [~~his or her~~] their own application 47 pursuant to section 9.13 of this chapter;

48 (2) "mental health practitioner" shall mean a physician, a licensed 49 psychologist, or persons providing mental health services under the 50 supervision of a physician in a facility operated or licensed by the 51 office of mental health or providing outpatient mental health services;

52 (3) "outpatient mental health services" shall mean [~~those~~] mental 53 health services provided to a person that occur in a community location 54 and/or in an [~~outpatient program licensed~~] ambulatory care setting such 55 as a mental health center or [~~operated pursuant to the regulations of~~ 56

1 ~~the commissioner of mental health~~ substance use disorder clinic, hospi-
2 tal outpatient department, community health center, or practitioner's
3 office, or via telehealth, or at a person's home or school, including
4 psychotherapy and/or medication management, delivered in an individual,
5 family, or group setting;

6 (4) "reasonably available" shall mean a parent or guardian can be
7 contacted with diligent efforts by a mental health practitioner; and

8 (5) "capacity" shall mean the minor's ability to understand and appre-
9 ciate the nature and consequences of the proposed treatment, including
10 the benefits and risks of, and alternatives to, such proposed treatment,
11 and to reach an informed decision.

12 (b) In providing outpatient mental health services to a minor, [~~or~~
13 ~~psychotropic medications to a minor residing in a hospital,~~] the impor-
14 tant role of the parents or guardians shall be recognized. As clinically
15 appropriate, steps shall be taken to actively involve the parents or
16 guardians, and the consent of such persons shall be required for such
17 treatment in non-emergency situations, except as provided in subdivi-
18 sions (c), (d) and (e) of this section or section two thousand five
19 hundred four of the public health law.

20 (c) A mental health practitioner may provide outpatient mental health
21 services [~~, other than those treatments and procedures for which consent~~
22 ~~is specifically required by section 33.03 of this article,~~] to a minor
23 voluntarily seeking such services without parental or guardian consent
24 if the mental health practitioner determines that:

25 (1) the minor may give effective consent pursuant to section twenty-
26 five hundred four of the public health law; or

27 (2) (i) the minor is knowingly and voluntarily seeking such services;
28 and

29 [~~(2)~~] (ii) provision of such services is clinically indicated and
30 necessary to the minor's well-being; and

31 [~~(3)~~ ~~(i)~~] (iii) (A) a parent or guardian is not reasonably available;
32 or

33 [~~(ii)~~] (B) requiring parental or guardian consent or involvement would
34 have a detrimental effect on the course of outpatient treatment; or

35 [~~(iii)~~] (C) a parent or guardian has refused to give such consent and
36 a [~~physician~~] practitioner determines that treatment is necessary and in
37 the best interests of the minor.

38 The mental health practitioner shall fully document the reasons for
39 [~~his or her~~] their determinations. Such documentation shall be included
40 in the minor's clinical record, along with a written statement signed by
41 the minor indicating that [~~he or she is~~] they are voluntarily seeking
42 services. As clinically appropriate, notice of a determination made
43 pursuant to subparagraph (iii) of paragraph three of this subdivision
44 shall be provided to the parent or guardian.

45 (e) (1) Subject to the regulations of the commissioner of mental
46 health governing the patient's right to object to treatment, subdivision
47 (b) of this section and paragraph two of this subdivision, the consent
48 of a parent or guardian or the authorization of a court shall be
49 required for the non-emergency administration of psychotropic medica-
50 tions to a minor residing in a hospital unless the minor may give effec-
51 tive consent pursuant to section twenty-five hundred four of the public
52 health law.

53 (2) A minor [~~sixteen years of age or older~~] who consents may be admin-
54 istered psychotropic medications without the consent of a parent or
55 guardian or the authorization of a court where[+]

1 ~~(i) a parent or guardian is not reasonably available, provided the~~
2 ~~treating physician determines that (A) the minor has capacity, and (B)~~
3 ~~such medications are in the minor's best interests; or~~

4 ~~(ii) requiring consent of a parent or guardian would have a detri-~~
5 ~~mental effect on the minor, provided the treating physician and a second~~
6 ~~physician who specializes in psychiatry and is not an employee of the~~
7 ~~hospital determine that (A) such detrimental effect would occur, (B) the~~
8 ~~minor has capacity, and (C) such medications are in the minor's best~~
9 ~~interests; or~~

10 ~~(iii) the parent or guardian has refused to give such consent,~~
11 ~~provided the treating physician and a second physician who specializes~~
12 ~~in psychiatry and is not an employee of the hospital determine that (A)~~
13 ~~the minor has capacity, and (B) such medications are in the minor's best~~
14 ~~interests. Notice of the decision to administer psychotropic medications~~
15 ~~pursuant to this subparagraph shall be provided to the parent or guardi-~~
16 ~~an] the minor may give effective consent pursuant to section twenty-five~~
17 ~~hundred four of the public health law.~~

18 (3) The reasons for an exception authorized pursuant to paragraph two
19 of this subdivision shall be fully documented and such documentation
20 shall be included in the minor's clinical record.

21 § 5. Subdivisions 1, 2, and 3 of section 2305 of the public health
22 law, subdivisions 1 and 2 as amended by section 35 of part E of chapter
23 56 of the laws of 2013 and subdivision 3 as amended by chapter 878 of
24 the laws of 1980, are amended to read as follows:

25 1. No person, other than a [~~licensed physician, or, in a hospital, a~~
26 ~~staff physician,~~] health care practitioner shall diagnose, treat or
27 prescribe for a person who is infected with a sexually transmitted
28 disease, or who has been exposed to infection with a sexually transmit-
29 ted disease, or dispense or sell a drug, medicine or remedy for the
30 treatment of such person except on prescription of a duly licensed
31 [~~physician~~] health care practitioner.

32 2. A [~~licensed physician, or in a hospital, a staff physician,~~] health
33 care practitioner may diagnose, treat or prescribe for a person under
34 the age of twenty-one years without the consent or knowledge of the
35 parents or guardian of said person, where such person is infected with a
36 sexually transmitted disease, [~~or~~] has been exposed to infection with a
37 sexually transmitted disease, or may give effective consent pursuant to
38 section twenty-five hundred four of this chapter.

39 3. For the purposes of this section[, ~~the~~]:
40 (a) The term "hospital" shall mean a hospital as defined in article
41 twenty-eight of this chapter.

42 (b) The term "health care practitioner" shall mean a person licensed,
43 certified, or otherwise authorized to practice under title eight of the
44 education law, acting within their lawful scope of practice.

45 § 6. Subdivision 8 of section 372 of the social services law, as
46 amended by chapter 684 of the laws of 1996, is amended to read as
47 follows:

48 8. In any case where a child is to be placed with or discharged to a
49 relative or other person legally responsible pursuant to section ten
50 hundred seventeen or ten hundred fifty-five of the family court act,
51 such relative or other person shall be provided with such information by
52 an authorized agency as is provided to foster parents pursuant to this
53 section and applicable regulations of the department; provided, however,
54 that no information about any medical, dental, health, and/or hospital
55 service that a child has consented to themself shall be included without

1 the child's authorization. A child may consent to disclosure generally,
2 or only in an emergency, or may withhold consent all together.

3 § 7. Section 373-a of the social services law, as amended by chapter
4 305 of the laws of 2008, is amended to read as follows:

5 § 373-a. Medical histories. Notwithstanding any other provision of law
6 to the contrary, to the extent they are available, the medical histories
7 of a child legally freed for adoption or of a child to be placed in
8 foster care and of his or her birth parents, with information identify-
9 ing such birth parents eliminated, shall be provided by an authorized
10 agency to such child's prospective adoptive parent or foster parent and
11 upon request to the adoptive parent or foster parent when such child has
12 been adopted or placed in foster care; provided, however, that no infor-
13 mation about any medical, dental, health, and/or hospital service that a
14 child has consented to themself shall be included without the child's
15 authorization. A child may consent to disclosure generally, or only in
16 an emergency, or may withhold consent all together. To the extent they
17 are available, the medical histories of a child in foster care and of
18 his or her birth parents shall be provided by an authorized agency to
19 such child when discharged to his or her own care and upon request to
20 any adopted former foster child; provided, however, medical histories of
21 birth parents shall be provided to an adoptee with information identify-
22 ing such birth parents eliminated. Such medical histories shall include
23 all available information setting forth conditions or diseases believed
24 to be hereditary, any drugs or medication taken during pregnancy by the
25 child's birth mother and any other information, including any psycholog-
26 ical information in the case of a child legally freed for adoption or
27 when such child has been adopted, or in the case of a child to be placed
28 in foster care or placed in foster care which may be a factor influenc-
29 ing the child's present or future health. The department shall promul-
30 gate and may alter or amend regulations governing the release of medical
31 histories pursuant to this section.

32 § 8. The social services law is amended by adding a new section 373-b
33 to read as follows:

34 § 373-b. Reproductive and sexual health care services and information.
35 1. Each foster parent must be advised, in writing, by means of a letter
36 or brochure designed for such purpose, initially upon becoming a foster
37 parent to a child and annually thereafter, of the availability of
38 social, educational, and medical reproductive and sexual health care
39 services and information for such child.

40 2. A child-caring agency shall offer age- and developmentally-appro-
41 priate reproductive and sexual health care services and information to
42 all foster children who are or may be sexually active or who request
43 such services or information through such agency's caseworker contact
44 and as part of the comprehensive service plan for each child. Such an
45 offer may be made orally to the child and shall be made in writing, by
46 means of a letter or brochure designed for such purpose. If such a plan
47 is developed by a social services district, such district must continue
48 to monitor the child-caring agency's program implementation to assure
49 that the offer is being made in writing and that requested services are
50 provided within thirty days, and to require and collect reports and data
51 from such agency.

52 3. Services and information offered under this section must be
53 respectful and inclusive of all foster children regardless of actual or
54 perceived race, color, weight, national origin, ethnic group, religion,
55 religious practice, disability, sexual orientation, or gender, as
56 defined by section eleven of the education law.

1 § 9. Paragraph (c) of subdivision 1 of section 366 of the social
2 services is amended by adding a new subparagraph 11 to read as follows:

3 (11) A minor who is not otherwise eligible for medical assistance
4 under this section who consents to their own medical, dental, health,
5 and/or hospital services pursuant to section twenty-five hundred four of
6 the public health law is eligible for standard coverage only for the
7 specific services consented to by such minor; provided, however, that
8 this subparagraph only applies if such minor is unable to use another
9 source of health insurance to pay for the services consented to by such
10 minor. The commissioner of health shall promulgate rules and regu-
11 lations necessary to carry out the provisions of this subparagraph.

12 § 10. The first undesignated paragraph of section 17 of the public
13 health law, as amended by chapter 322 of the laws of 2017, is amended to
14 read as follows:

15 Upon the written request of any competent patient, parent or guardian
16 of an infant, a guardian appointed pursuant to article eighty-one of the
17 mental hygiene law, or conservator of a conservatee, an examining,
18 consulting or treating physician or hospital must release and deliver,
19 exclusive of personal notes of the said physician or hospital, copies of
20 all x-rays, medical records and test records including all laboratory
21 tests regarding that patient to any other designated physician or hospi-
22 tal; provided, however, that such records concerning the treatment of an
23 infant patient for venereal disease [~~ex~~], the performance of an abortion
24 operation upon such infant patient, or any medical, dental, health,
25 and/or hospital services that such infant patient has consented to them-
26 self pursuant to section twenty-five hundred four of this chapter shall
27 not be released or in any manner be made available to the parent or
28 guardian of such infant[~~r~~]; provided, further, that any infant patient
29 who may give effective consent pursuant to section twenty-five hundred
30 four of this chapter may request release of their own records, and the
31 request of no other person shall be necessary; and provided, further,
32 that original mammograms, rather than copies thereof, shall be released
33 and delivered. Either the physician or hospital incurring the expense of
34 providing copies of x-rays, medical records and test records including
35 all laboratory tests pursuant to the provisions of this section may
36 impose a reasonable charge to be paid by the person requesting the
37 release and deliverance of such records as reimbursement for such
38 expenses, provided, however, that the physician or hospital may not
39 impose a charge for copying an original mammogram when the original has
40 been released or delivered to any competent patient, parent or guardian
41 of an infant, a guardian appointed pursuant to article eighty-one of the
42 mental hygiene law, or a conservator of a conservatee and provided,
43 further, that any charge for delivering an original mammogram pursuant
44 to this section shall not exceed the documented costs associated there-
45 with. However, the reasonable charge for paper copies shall not exceed
46 seventy-five cents per page. A release of records under this section
47 shall not be denied solely because of inability to pay. No charge may be
48 imposed under this section for providing, releasing, or delivering
49 medical records or copies of medical records where requested for the
50 purpose of supporting an application, claim or appeal for any government
51 benefit or program, provided that, where a provider maintains medical
52 records in electronic form, it shall provide the copy in either elec-
53 tronic or paper form, as required by the government benefit or program,
54 or at the patient's request.

1 § 11. Paragraph (c) of subdivision 3 of section 18 of the public
2 health law, as added by chapter 497 of the laws of 1986, is amended to
3 read as follows:

4 (c) A subject [~~over the age of twelve years may~~] shall be notified of
5 any request by a qualified person to review [~~his/her~~] their patient
6 information, and, if [~~the~~] such subject objects to disclosure, the
7 provider may deny the request. In the case of a facility, the treating
8 practitioner shall be consulted. A provider shall not disclose informa-
9 tion about any medical, dental, health, and/or hospital services that an
10 infant has consented to themselves to such infant's parent or guardian
11 without such infant's authorization. An infant may consent to disclo-
12 sure to their parent or guardian generally, or only in an emergency, or
13 may withhold consent all together. An infant who may give effective
14 consent to medical, dental, health, and/or hospital services pursuant to
15 section twenty-five hundred four of this chapter may also give effective
16 consent to release their patient information to any person.

17 § 12. Paragraph 2 of subdivision (c) of section 33.16 of the mental
18 hygiene law, as added by chapter 498 of the laws of 1986, is amended to
19 read as follows:

20 2. A patient or client [~~over the age of twelve may~~] shall be notified
21 of any request by a qualified person to review [~~his/her~~] their record
22 and if [~~the~~] such patient or client objects to disclosure, the facility,
23 in consultation with the treating practitioner, may deny the request. A
24 facility, practitioner, or treating practitioner shall not disclose
25 clinical records pertaining to treatment that an infant patient or
26 client consented to themselves to such infant's parent or guardian without
27 such infant's authorization. An infant patient or client may consent to
28 disclosure to their parent or guardian generally, or only in an emergen-
29 cy, or may withhold consent all together. An infant who may give effec-
30 tive consent to medical, dental, health, and/or hospital services pursu-
31 ant to section twenty-five hundred four of this chapter may also give
32 effective consent to release their clinical record to any person.

33 § 13. Section 3244 of the insurance law is amended by adding a new
34 subsection (f) to read as follows:

35 (f) (1) An insurer, including health maintenance organizations operat-
36 ing under article forty-four of the public health law or article forty-
37 three of this chapter, and any other corporation operating under article
38 forty-three of this chapter, shall take the following steps to protect
39 the confidentiality of an insured's, including a subscriber's or
40 enrollee's, medical information:

41 (A) Insurers shall permit an insured who consents to their own
42 medical, dental, health, and/or hospital services pursuant to section
43 twenty-five hundred four of the public health law to choose a method of
44 receiving explanation of benefit forms that contain information relating
45 to the receipt of the specific services consented to, which shall
46 include, but not be limited to, the following: sending the form to the
47 address of the subscriber; sending the form to the address of the
48 insured; sending the form to an alternate address designated by the
49 insured; or sending the form through electronic means when available.
50 When an insured has submitted a request for receiving explanation of
51 benefit forms under this section an insurer is thereby prohibited from
52 sending duplicative explanation of benefit forms to a non-specified
53 recipient or in a manner inconsistent with the request of such insured.

54 (B) Insurers shall not in any way identify the diagnosis or services
55 received in an explanation of benefits form or in any online portal that
56 allows subscribers to access claim information if such diagnosis or

1 services were consented to pursuant to section twenty-five hundred four
2 of the public health law.

3 (2) The department shall develop and make available a standardized
4 form for an insured to use to request confidential communications that
5 shall be accepted by all insurers.

6 (3) For the purposes of this section, an alternative communications
7 request as described in subparagraph (A) of paragraph one of this
8 subsection shall be implemented by an insurer within seven calendar days
9 of receipt of an electronic transmission or telephonic request or within
10 fourteen calendar days of receipt of such request by first-class mail.
11 An insurer shall acknowledge receipt of such alternative communications
12 request and advise the insured of the status of implementation of such
13 request if such insured contacts such insurer.

14 (4) An insurer shall not condition the enrollment or coverage on the
15 waiver of rights provided in this subsection.

16 (5) This subsection shall not be construed to limit acceptance by an
17 insurer of any other form of written request from an insured for confi-
18 dential communications from a carrier under paragraph (b) of section
19 164.522 of part 164 of title 45 of the code of federal regulations.

20 § 14. Paragraph (c) and subparagraph (vi) of paragraph (d) of subdivi-
21 sion 8 and subdivision 10 of section 2168 of the public health law,
22 paragraph (c) of subdivision 8 as amended by chapter 829 of the laws of
23 2022, subparagraph (vi) of paragraph (d) of subdivision 8 as amended by
24 chapter 532 of the laws of 2022 and subdivision 10 as amended by section
25 7 of part A of chapter 58 of the laws of 2009, are amended to read as
26 follows:

27 (c) health care providers and their designees, registered professional
28 nurses, and pharmacists authorized to administer immunizations pursuant
29 to subdivision two of section sixty-eight hundred one of the education
30 law shall have access to the statewide immunization information system
31 and the blood lead information in such system only for purposes of
32 submission of information about vaccinations received by a specific
33 registrant, determination of the immunization status of a specific
34 registrant, determination of the blood lead testing status of a specific
35 registrant, submission of the results from a blood lead analysis of a
36 sample obtained from a specific registrant in accordance with paragraph
37 (h) of subdivision two of this section, review of practice coverage,
38 generation of reminder notices, quality improvement and accountability,
39 including professional responsibility proceedings of the office of
40 professional medical conduct and the state education department, and
41 printing a copy of the immunization or lead testing record for the
42 registrant's medical record, for the registrant's parent or guardian, or
43 other person in parental or custodial relation to a child, or for a
44 registrant [~~upon reaching eighteen years of age~~]; provided, however,
45 that any immunization record printed for a registrant's parent, guardi-
46 an, or other person in a custodial relation to such registrant shall
47 exclude information about any immunization that such registrant has
48 consented to themselves pursuant to section twenty-five hundred four of
49 this chapter.

50 (vi) commissioners of local social services districts with regard to a
51 child in [~~his/her~~] their legal custody;

52 10. The person to whom any immunization record relates, or [~~his or~~
53 ~~her~~] their parent, or guardian, or other person in parental or custodial
54 relation to such person may request a copy of an immunization or lead
55 testing record from the registrant's healthcare provider, the statewide
56 immunization information system or the citywide immunization registry

1 according to procedures established by the commissioner or, in the case
2 of the citywide immunization registry, by the city of New York commis-
3 sioner of the department of health and mental hygiene; provided, howev-
4 er, that any immunization record provided to the person's parent or
5 guardian or other person in a parental or custodial relation to such
6 person shall exclude information about any immunization that such person
7 has consented to themselves pursuant to section twenty-five hundred four
8 of this chapter.

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