

STATE OF NEW YORK

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Introduced by Sens. KAVANAGH, ADDABBO, CLEARE, GOUNARDES, HOYLMAN-SIGAL, JACKSON, MYRIE -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing an office of antibiotic-resistance control; to amend the state finance law, in relation to establishing the antibiotics education fund; and to amend the labor law, in relation to including methicillin-resistant staphylococcus aureus (MRSA) and other antibiotic-resistant infections in the definition of airborne infectious disease

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

1 Section 1. Legislative findings. Antibiotics are rightfully considered
2 one of the medical miracles of the last century because of their power-
3 ful ability to fight illness and disease caused by bacteria. But the
4 effectiveness of medically important antibiotics is now at great risk
5 due to their misuse and overuse in medicine and agriculture. Many
6 strains of bacteria have evolved resistance to antibiotics, meaning
7 instead of being killed by the drugs, they survive, multiply, and
8 spread. In fact, the more antibiotics are used, the faster antibiotic-
9 resistant bacteria (aka "superbugs") emerge, increasing the risk of
10 contracting an antibiotic-resistant infection. If effective policy meas-
11 ures are not soon adopted, some experts predict that by 2050, antibiot-
12 ic-resistant infections will be responsible for more annual deaths than
13 cancer.

14 In recognition of the serious public health threat posed by antibiot-
15 ic-resistant infections, the United Nations General Assembly in 2016
16 committed to taking action. The World Health Organization (WHO) consid-
17 ers it to be one of the biggest threats to global health, food security,
18 and international development today. The United States Centers for
19 Disease Control and Prevention (CDC) has stated that fighting this
20 threat is a public health priority and estimates that each year, antibi-

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

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1 otic-resistant bacteria are responsible for at least 2.8 million
2 infections in the United States and at least 35,000 deaths. A study
3 commissioned by the United Kingdom government predicts that if action is
4 not taken now to combat antibiotic resistance, by 2050 the annual death
5 toll will have risen to 10 million globally. Most major medical and
6 health groups in the United States, including the American Medical Asso-
7 ciation, American Academy of Pediatrics, and Infectious Diseases Society
8 of America, have recognized the urgency of the antibiotic-resistance
9 crisis. New York State, in its Prevention Agenda 2019-2024, established
10 Antibiotic Resistance and Healthcare-Associated Infections as one of
11 five major focus areas.

12 Antibiotic-resistant bacteria are bacteria that are immune to the
13 effect of antibiotics. These so-called "superbugs" can infect humans and
14 animals, and the infections they cause are harder and sometimes impossi-
15 ble to treat. Antibiotic resistance is a naturally occurring phenomenon,
16 but the speed at which superbugs are emerging and spreading is acceler-
17 ating due to overuse and misuse of antibiotics in humans and animals.
18 Antibiotic-resistant bacteria are most prevalent in environments associ-
19 ated with high antibiotic use: healthcare settings and animal agricul-
20 ture. Two-thirds of all medically important antibiotics are sold for use
21 in animals. Bacteria that are resistant can spread from person to
22 person, and from animal to person--via the natural environment or
23 contaminated food--and resistance genes can transfer from bacteria to
24 bacteria. Some bacteria have developed resistance to multiple antibiot-
25 ics, making common infectious diseases such as tuberculosis, pneumonia,
26 food poisoning, urinary tract infections (UTIs), and gonorrhea harder
27 and sometimes impossible to treat. Everyone is at risk of exposure to
28 antibiotic-resistant bacteria, but those who work in hospitals and nurs-
29 ing homes, patients in such facilities, and those who work in livestock
30 farming, slaughterhouses, and large animal veterinarian practices have a
31 greater risk of getting antibiotic-resistant infections.

32 Given the current and growing threat posed by antibiotic resistance,
33 the state of New York must organize itself to adequately respond. The
34 WHO and the CDC recommend taking a "One Health" approach, which recog-
35 nizes the interconnectedness of humans and animals in achieving optimal
36 health outcomes.

37 § 2. Article 2 of the public health law is amended by adding a new
38 title 9 to read as follows:

39 TITLE 9

40 ANTIBIOTIC-RESISTANCE CONTROL

41 Section 269-a. Statement of policy and purposes.

42 269-b. Definitions.

43 269-c. Office of antibiotic-resistance control.

44 269-d. Antibiotic-resistance control board.

45 269-e. Organization of antibiotic-resistance control board.

46 269-f. Meetings.

47 269-g. Functions, powers and duties.

48 269-h. Cooperation with other departments.

49 269-i. Evaluation requirements.

50 269-j. Antibiotic-resistance data collection.

51 269-k. Antibiotic stewardship implementation.

52 269-l. Antibiotic-resistance control in agriculture.

53 269-m. Reporting requirements.

54 269-n. Violations.

55 § 269-a. Statement of policy and purposes. The purpose of this title
56 is to codify the establishment of an office to organize the state's

1 efforts to control the spread of antibiotic resistance, coordinate all
2 agencies' responses, and rely on best practices to comprehensively
3 address the public health threat posed by antibiotic resistance.

4 § 269-b. Definitions. As used in this section:

5 1. "Antibiotic" means a drug used to treat infections caused by bacte-
6 ria. Antibiotics may either kill or inhibit the growth of bacteria.

7 2. "Antibiotic class" means antibiotic agents with related molecular
8 structures, often with a similar mode of action because of interaction
9 with a similar target and thus subject to a similar mechanism of resist-
10 ance.

11 3. "Antibiotic resistance" means the ability of a bacterium to multi-
12 ply or persist in the presence of an increased level of an antibiotic
13 relative to the susceptible counterpart of the same species.

14 4. "Antibiotic stewardship" means using the optimal selection, dosage,
15 and duration of antibiotic treatment that results in the best clinical
16 outcome for the treatment of infection, with minimal toxicity to the
17 patient and minimal impact on subsequent resistance. Antibiotic steward-
18 ship may also include measures to prevent spread of infection in hospi-
19 tals and animal husbandry practices that prevent spread of infections on
20 farms.

21 5. "Board" means the antibiotic-resistance control board created
22 pursuant to section two hundred sixty-nine-d of this title.

23 6. "Disease control" means administration of antibiotics to a group of
24 animals once a proportion of the animals in the group have been diag-
25 nosd (based on clinical signs or other appropriate diagnostic methods)
26 with an indicated disease.

27 7. "Disease prevention" means administration of antibiotics to a group
28 of animals, none of which have been diagnosed with an indicated disease,
29 when transmission of existing undiagnosed infections, or the introduc-
30 tion of pathogens, is anticipated based on history, clinical judgment,
31 or epidemiological knowledge.

32 8. (a) "Disease treatment" means administration of an antibiotic only
33 to animals diagnosed (based on clinical signs or other appropriate diag-
34 nostic methods) with an indicated disease.

35 (b) Disease treatment includes but is not limited to selective dry cow
36 therapy, whereby individual dairy cows within a herd are determined,
37 when entering a dry cycle, to be likely infected with mastitis based on
38 key indicators including their previous history of disease, somatic cell
39 counts and/or cell cultures, and are administered antibiotics as
40 prescribed by a licensed veterinarian.

41 9. "Foodborne disease" (also referred to as foodborne illness or food
42 poisoning): means any illness that results from the consumption of food,
43 contaminated with pathogenic bacteria, viruses, or parasites.

44 10. "Food-producing animal" means:

45 (a) All cattle, swine, or poultry, regardless of whether the specific
46 animal is raised for the purpose of producing food for human consump-
47 tion; or

48 (b) Any animal of a type that the department of agriculture and
49 markets identifies by rule as livestock typically used to produce food
50 for human consumption, including aquatic and amphibian species.

51 11. "Livestock producer" means a person raising a food-producing
52 animal for commercial purposes.

53 12. "Medically important antibiotic" means a drug that is composed in
54 whole or in part of:

1 (a) A form of the antibiotic classes of penicillin, tetracycline,
2 macrolide, lincosamide, streptogramin, aminoglycoside, sulfonamide,
3 fluoroquinolones, amphenicols, polymyxins, or cephalosporin; or

4 (b) A drug from an antibiotic class that is categorized as critically
5 important, highly important, or important in the World Health Organiza-
6 tion list of critically important antimicrobials for human medicine (6th
7 revision, 2019), or a subsequent revision or successor document issued
8 by the World Health Organization that is recognized by rule by the
9 department.

10 13. "Office" means the office of antibiotic-resistance control created
11 pursuant to section two hundred sixty-nine-c of this title.

12 14. "One Health" means taking a collaborative, multisectoral, and
13 transdisciplinary approach to controlling antibiotic resistance, recog-
14 nizing the interconnection between people, animals, plants, and their
15 shared environment.

16 15. "Veterinary feed directive" has the same definition as in section
17 558.3 of title 21 of the code of federal regulations.

18 § 269-c. Office of antibiotic-resistance control. There is hereby
19 created within the department an office of antibiotic-resistance
20 control. Such office shall:

21 1. Integrate and coordinate selected state health antibiotic-resis-
22 tance monitoring, oversight, and education programs based on the centers
23 for disease control's One Health approach to combating antibiotic
24 resistance. As part of this function, the office shall develop a coor-
25 dated, comprehensive strategy and plan to end the misuse and reduce
26 the overuse of antibiotics in medicine and agriculture in the state. In
27 line with the National Action Plan 2020-2025 created by the Federal Task
28 Force on Combating Antibiotic-Resistant Bacteria, the office shall have
29 a goal for the state of reducing health care-associated antibiotic-re-
30 sistant infections by twenty percent by two thousand twenty-five and
31 community-acquired antibiotic-resistant infections by ten percent by two
32 thousand twenty-five. It shall have a further goal, consistent with the
33 existing goal of the European Union, of reducing use of medically impor-
34 tant antibiotics in food animal production by fifty percent within five
35 years after the effective date of this title, using a baseline estab-
36 lished two years after the effective date of this title.

37 2. Apply for grants, and accept gifts from private and public sources,
38 for research to improve the appropriate use of antibiotics.

39 3. Together with the antibiotic-resistance control board, serve as
40 liaison and advocate on matters relating to the judicious use, unneces-
41 sary use, and misuse of antibiotics. This function shall include the
42 provision of staff support to the antibiotic-resistance control board
43 and the establishment of appropriate program linkages with related
44 federal, state, and local agencies and programs.

45 4. Assist medical schools, veterinarian schools, agricultural schools,
46 and state agencies in the development of antibiotic-resistance control
47 training programs for doctors, veterinarians, medical and veterinary
48 support staff, and farmers, and in the development of educational
49 coursework for medical, veterinary, and agricultural students.

50 5. Promote community strategic planning and new or improved health
51 care delivery systems to reduce the use of antibiotics in health care
52 settings and agricultural settings.

53 6. Review the impact of antibiotic-resistance control programs and
54 regulations on levels of antibiotic-resistant bacteria found in health
55 care settings and agricultural settings, and that are foodborne.

1 § 269-d. Antibiotic-resistance control board. 1. An antibiotic-resis-
2 tance control board is hereby created. Such board shall have five voting
3 members, who shall be the commissioners of health, agriculture and
4 markets, environmental conservation, education, and a public member. In
5 addition, as advisory members, there shall be a dean of a New York state
6 medical college, a dean of a New York state veterinary college, two
7 epidemiologists with expertise in antibiotic resistance, and, six
8 members, to be appointed by the governor, however, two shall be upon the
9 recommendation of the speaker of the assembly and two shall be upon the
10 recommendation of the temporary president of the senate. At least one of
11 the six members shall be a representative of the pharmaceutical indus-
12 try, one a representative of the farming community, and four represen-
13 tatives of the public with relevant expertise in, but not limited to,
14 the fields of public health, patient experience, or antibiotic resist-
15 ance. To the extent practicable, these public members shall be represen-
16 tative of the diversity of the state.

17 2. Advisory members appointed by the governor shall serve for terms of
18 three years, such terms to commence on July first and to expire on June
19 thirtieth; provided, however, that of the advisory members first
20 appointed, two shall be appointed for a one-year term expiring one year
21 after the effective date of this title, two shall be appointed for a
22 two-year term expiring two years after the effective date of this title,
23 and the remaining two shall be appointed for full three-year terms. Each
24 such advisory member shall hold office until a successor shall have been
25 appointed and qualified.

26 3. Each voting member and each advisory member of such board may, by
27 official order filed in the office of the board, designate a deputy or
28 other representative in their department to perform their duties under
29 this article.

30 4. The members of the board or their respective designees shall
31 receive no additional compensation for their services as members of the
32 board, but shall be allowed their actual and necessary expenses incurred
33 in the performance of their duties under this title.

34 § 269-e. Organization of antibiotic-resistance control board. 1. The
35 chair of the board shall be the commissioner.

36 2. The board shall appoint an executive secretary who shall act as the
37 administrative agent of the board, keep a record of all meetings of the
38 board and perform such other functions and duties as the board may
39 direct.

40 3. The board may make and adopt by-laws to regulate its proceedings.

41 § 269-f. Meetings. 1. The board shall meet at least once every three
42 months. Special meetings shall be called by the chair on their own
43 initiative or upon the written request of two voting members. Notice of
44 the time, place, and purpose of each meeting shall be transmitted to all
45 members of the board at least ten days prior to any meeting.

46 2. Three voting members of the board shall constitute a quorum to
47 transact the business of the board. A majority vote of members present
48 at the meeting shall be necessary for any action taken by the board.
49 Meetings shall be open to public observers, and meeting records shall be
50 publicly available.

51 § 269-g. Functions, powers and duties. 1. The board (a) may prepare
52 and recommend rules and regulations, or amendment or repeal thereof, for
53 controlling the use of antibiotics in health care and agricultural
54 settings consistent with the declared purpose of this title and (b)
55 shall designate the department or departments by whom such rules or
56 regulations shall be promulgated, administered, and enforced in accord-

1 ance with the functions, powers, and duties of such department or
2 departments prescribed by law. Such rules and regulations shall not be
3 effective until filed in the office of the department of state. Any such
4 action shall be taken only at a meeting upon the affirmative vote in
5 person, electronically or by mail of at least four voting members of the
6 board, exclusive of any deputy or other representative, after a meeting
7 with the advisory members of the board and consideration of available
8 scientific evidence.

9 2. To further the declared purpose of this title, the board shall have
10 the following functions, powers, and duties:

11 (a) To prepare and recommend rules and regulations regarding the use
12 of antibiotics in health care and agricultural settings in order to
13 prevent their misuse and overuse and control, and prevent antibiotic
14 resistance.

15 (b) To coordinate the activities and programs of members' departments
16 concerned with the use of antibiotics and the development and spread of
17 antibiotic resistance.

18 (c) To promote and encourage training programs and practices, includ-
19 ing innovative concepts, that can reduce antibiotic use in health care
20 and agricultural settings.

21 (d) To cause such studies, research, and investigations to be made as
22 it may deem advisable and necessary.

23 (e) To hold and appear at public hearings.

24 (f) To collect and compile information and data relating to the use,
25 overuse, and misuse of antibiotics and development and spread of antibi-
26 otic resistance.

27 (g) To advise and assist state departments and agencies upon request.

28 (h) To inform the public concerning the state's efforts to regulate
29 the use of antibiotics and to provide information concerning antibiot-
30 ics, including those used in agriculture.

31 (i) To recommend, where appropriate, that the use of specific antibi-
32 otics be prohibited under specified conditions.

33 (j) To consult and cooperate with the appropriate agencies of the
34 federal government or of other states or local governments to more
35 effectively carry out its functions, powers, and duties under this
36 title.

37 (k) To do all things necessary or reasonable to carry out the forego-
38 ing functions, powers, and duties.

39 § 269-h. Cooperation with other departments. The board may request
40 from any department, division, board, bureau, commission, or other agen-
41 cy of the state, and the same are authorized to provide, without addi-
42 tional compensation, such assistance, services and data as may be neces-
43 sary to carry out the purpose of this title. The board may, within
44 appropriations available therefore, employ such other personnel as may
45 be necessary to carry out its responsibilities under this title.

46 § 269-i. Evaluation requirements. 1. The commissioner shall evaluate
47 the effectiveness of the efforts by the state government to reduce the
48 overuse and misuse of antibiotics.

49 2. The commissioner shall ensure that, to the extent practicable, the
50 most current research findings regarding mechanisms to reduce and change
51 attitudes toward the use of antibiotics are incorporated into the educa-
52 tion and training programs administered by the department.

53 3. To diminish the overuse and misuse of antibiotics and to ensure
54 that the state's programs are effective, the office shall conduct an
55 independent evaluation of the statewide antibiotic-resistance programs.
56 The purpose of this evaluation is to direct the most efficient allo-

1 cation of state resources devoted to controlling antibiotic-resistance
2 within health care settings and agricultural settings. Such evaluation
3 shall be made publicly available on the department's website and
4 provided annually to the governor, the temporary president of the
5 senate, and the speaker of the assembly on or before October first of
6 each calendar year. The comprehensive evaluation design shall be guided
7 by the following:

8 (a) Sound evaluation principles including, to the extent feasible,
9 elements of controlled experiments;

10 (b) An evaluation of the comparative effectiveness of individual
11 program designs that shall be used in funding decisions and program
12 modifications; and

13 (c) An evaluation of other programs identified by state agencies,
14 local lead agencies, and federal agencies.

15 § 269-j. Antibiotic-resistance data collection. 1. Notwithstanding any
16 other law, all antibiotic-resistance and infection data collected by the
17 department, and documents pertaining to antibiotic-resistance steward-
18 ship programs, veterinary reports required by federal or state laws, and
19 any other related information as determined by the commissioner, shall
20 be made available to the office.

21 2. The department has the authority to request and receive copies of
22 all veterinary feed directives issued in the state, from veterinarians,
23 livestock owners, feed mills, or distributors to fully implement the
24 provisions of this title.

25 3. The state board of veterinary medicine, the department, and the
26 department of agriculture and markets shall coordinate with the United
27 States department of agriculture, the United States food and drug admin-
28 istration, and the United States centers for disease control and
29 prevention to implement the expanded antibiotic resistance surveillance
30 efforts included in the National Action Plan for Combating Antibiotic-
31 Resistant Bacteria, to obtain a better understanding of the links
32 between antibiotic use patterns in livestock and the development of
33 antibiotic-resistant bacterial infections.

34 4. (a) The department, the state board of veterinary medicine, the
35 department of agriculture and markets, veterinarians, and livestock
36 producers shall gather information on medically important antibiotic
37 sales and usage as well as antibiotic-resistant bacteria and livestock
38 management practice data. Monitoring efforts shall not be duplicative of
39 the National Animal Health Monitoring System or the National Antimicro-
40 bial Resistance Monitoring System, and, to the extent feasible, will
41 coordinate with the United States department of agriculture, the centers
42 for disease control and prevention, and the United States food and drug
43 administration in the development of these efforts.

44 (b) In coordinating with the National Animal Health Monitoring System
45 and the National Antimicrobial Resistance Monitoring System, the depart-
46 ment, the state board of veterinary medicine, and the department of
47 agriculture and markets shall gather representative samples of biolog-
48 ical isolates from all of the following:

49 (i) New York state's major livestock segments;

50 (ii) regions with considerable livestock production; and

51 (iii) representative segments of the food production chain.

52 (c) The department, the state board of veterinary medicine, and the
53 department of agriculture and markets shall report to the legislature
54 three years from the effective date of this title the results of their
55 outreach activities and monitoring efforts.

1 § 269-k. Antibiotic stewardship implementation. 1. Notwithstanding any
2 law to the contrary, the office may request and shall receive reports on
3 hospitals' and nursing homes' antibiotic-resistance and infection
4 stewardship programs.

5 2. The department, in consultation with the state board of veterinary
6 medicine, the department of agriculture and markets, universities, and
7 cooperative extensions, shall develop antibiotic stewardship guidelines
8 and best management practices for veterinarians, livestock owners, and
9 their employees who are involved with the administering of medically
10 important antibiotics on the proper use of medically important antibiot-
11 ics for disease treatment and control in food animals. The guidelines
12 shall include scientifically validated practical alternatives to the use
13 of medically important antibiotics, including, but not limited to, good
14 hygiene and management practices. The guidelines shall be reviewed and
15 updated periodically, as necessary.

16 3. The department, in consultation with the state board of veterinary
17 medicine and the department of agriculture and markets, shall consult
18 with livestock producers, licensed veterinarians, and other relevant
19 stakeholders on ensuring that livestock grown in rural areas with limit-
20 ed access to veterinary care have timely access to treatment.

21 4. For the purposes of this section, "antibiotic stewardship" for
22 food-producing animals is a commitment to do all of the following:

23 (a) to use medically important antibiotics only when necessary to
24 treat or control disease;

25 (b) to select the appropriate medically important antibiotic and the
26 appropriate dose, duration, and route of administration;

27 (c) to use medically important antibiotics for the shortest duration
28 necessary and allowable, and to administer them to the fewest animals
29 necessary; and

30 (d) to raise animals under conditions that minimize the need for
31 medically important antibiotics by using vaccines, providing healthy
32 diets, maintaining sanitary housing and other appropriate good husbandry
33 practices.

34 § 269-l. Antibiotic-resistance control in agriculture. 1. Beginning
35 one year from the effective date of this title, medically important
36 antibiotics shall not be administered to a food-producing animal unless
37 ordered by a licensed veterinarian who has visited the farm operation
38 within the previous six months, through a prescription or veterinary
39 feed directive, pursuant to a veterinarian-client-patient relationship
40 that meets the requirements as defined by the state office of
41 professions.

42 2. (a) Beginning two years from the effective date of this title, a
43 livestock producer may administer a medically important antibiotic to a
44 food-producing animal only if a licensed veterinarian, in the exercise
45 of professional judgment, determines that the administration of the
46 medically important antibiotic to the animal is necessary:

47 (i) to control the ongoing spread of a diagnosed disease or infection;

48 (ii) to treat a diagnosed disease or infection; or

49 (iii) in relation to surgical or other medical procedures.

50 (b)(i) Medically important antibiotics shall not be administered by
51 any person to food-producing animals solely for the purposes of promot-
52 ing weight gain, improving feed efficiency, or disease prevention.

53 (ii) Blanket dry cow therapy, whereby all dairy cows in a herd enter-
54 ing a dry cycle are routinely administered an antibiotic to prevent
55 clinical mastitis, is considered a method of disease prevention, and is
56 not authorized.

1 3. A veterinarian who determines that the provision of a medically
2 important antibiotic to a food-producing animal is necessary for a
3 purpose described in this section shall specify an end date for the
4 provision of the antibiotic to the animal.

5 4. A livestock producer may administer a medically important antibiot-
6 ic to a food-producing animal only for the purpose as determined by a
7 licensed veterinarian under this title. The livestock producer may
8 provide the antibiotic only for the duration specified by the veterina-
9 rian.

10 § 269-m. Reporting requirements. 1. Veterinarians licensed to practice
11 in New York state, or who are licensed in a bordering state and practice
12 in the state, and who prescribe medically important antibiotics or write
13 a veterinary feed directive (VFD) for one or more sets of food-producing
14 animals located in New York state, shall file an annual report under
15 this section in a form and manner required by the department by rule.
16 This report shall be submitted to the office. If medically important
17 antibiotics were provided under VFDs, then copies of those VFDs issued
18 during the year, prepared in the format recommended by the American
19 Veterinary Medical Association, may constitute the annual report.
20 Medically important antibiotics prescribed to, provided to, or adminis-
21 tered to food-producing animals during the reporting period that are not
22 covered by VFDs, shall also be included in the annual report and shall
23 contain the following information for each such prescription or adminis-
24 tration:

25 (a) Name and address of the livestock producer, and the location of
26 the treated animal or animals;

27 (b) The number of food-producing animals provided with medically
28 important antibiotics;

29 (c) The name of the medically important antibiotic provided;

30 (d) The species of food-producing animals that were provided the
31 medically important antibiotic;

32 (e) The number of days that the medically important antibiotic was
33 intended to be provided to a food-producing animal;

34 (f) The dosage of the medically important antibiotic that was intended
35 to be provided to a food-producing animal;

36 (g) The method of administration of the medically important antibiotic
37 to a food-producing animal;

38 (h) The purpose for providing the medically important antibiotic to a
39 food-producing animal; and

40 (i) The disease or infection, if any, that was intended to be
41 controlled due to the provision of each medically important antibiotic.

42 2. For the purposes of paragraph (h) of subdivision one of this
43 section, the purpose for providing a medically important antibiotic to a
44 food-producing animal shall be reported as:

45 (a) disease control; or

46 (b) disease treatment; or

47 (c) necessary for surgical or other medical procedures.

48 3. Information reported under this section shall be made publicly
49 available by the department annually in an online searchable database of
50 aggregated data. Such database shall protect the identity of a licensed
51 veterinarian, an individual farm, or business.

52 4. The department, state board of veterinary medicine, and the depart-
53 ment of agriculture and markets shall consult as necessary to fulfill
54 the requirements of this section.

1 § 269-n. Violations. 1. A person or entity who violates this title
2 shall be liable for a civil penalty of not more than two hundred fifty
3 dollars per farm operation for each day a violation occurs.

4 2. (a) For a second or subsequent violation, a person or entity who
5 violates this title shall be punishable by an administrative fine in the
6 amount of five hundred dollars per farm operation for each day a
7 violation occurs.

8 (b) In addition to the administrative fine, the violator shall attend
9 an educational program to be jointly developed by the department, the
10 department of agriculture and markets, and the state board of veterinary
11 medicine on the judicious use of medically important antibiotics. The
12 violator shall successfully complete the program and provide proof to
13 the board within ninety days from the occurrence of the violation.

14 3. Subdivisions one and two of this section shall not apply to
15 licensed veterinarians. A veterinarian who violates this section is
16 subject to discipline as defined in subarticle three of article one
17 hundred thirty of title eight of the education law.

18 4. The moneys collected pursuant to this title shall be deposited into
19 the antibiotics education fund established pursuant to section ninety-
20 seven-aaaa of the state finance law and be available for expenditure
21 upon appropriation by the legislature.

22 § 3. The state finance law is amended by adding a new section 97-aaaa
23 to read as follows:

24 § 97-aaaa. Antibiotics education fund. 1. There is hereby established
25 in the custody of the state comptroller a special fund to be known as
26 the "antibiotics education fund".

27 2. Such fund shall consist of all monies recovered from the assessment
28 of any penalty authorized by title nine of the public health law.

29 3. Moneys of the fund shall be deposited to the credit of the fund and
30 shall, in addition to any other moneys made available for such purpose,
31 be available to the department of health for the purpose of antibiotics
32 educational programs. All payments from the antibiotics education fund
33 shall be made on the audit and warrant of the state comptroller on
34 vouchers certified and submitted by the commissioner of health.

35 § 4. Paragraph (e) of subdivision 1 of section 218-b of the labor law,
36 as amended by chapter 142 of the laws of 2021, is amended to read as
37 follows:

38 (e) "Airborne infectious disease" shall mean any infectious viral,
39 bacterial or fungal disease that is transmissible through the air in the
40 form of aerosol particles or droplets and is designated by the commis-
41 sioner of health a highly contagious communicable disease that presents
42 a serious risk of harm to the public health. Such diseases shall include
43 methicillin-resistant staphylococcus aureus (MRSA) and other antibiot-
44 ic-resistant infections as established by the commissioner of health.

45 § 5. This act shall take effect one year after it shall have become a
46 law.