STATE OF NEW YORK

4079

2025-2026 Regular Sessions

IN ASSEMBLY

January 31, 2025

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

AN ACT to amend the public health law, in relation to establishing a long COVID-19 review board

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

Section 1. Legislative intent. The legislature finds, determines and declares that COVID-19 has had a devastating impact on the state of New York. Since the first recorded death of a New York resident from the virus on March fourteenth, two thousand twenty, tens of thousands of New Yorkers have lost their lives to COVID-19. The sudden emergence and rapid spread of COVID-19 around the world has led to an evolving understanding of the transmissibility, virulence, and symptoms of the virus by scientists and public health experts that continues to this day. There is growing awareness and concern about post-COVID conditions, sometimes referred to as "long COVID," in which a small but significant percentage of patients experience persistent symptoms weeks or months after recovering from their initial infection. It is vital that the state of New York commit to monitoring and tracking the long-term health impacts of COVID-19, even as effective vaccines are widely available. Studying New Yorkers who survived COVID-19 infection holds the promise of providing public health experts with information that may lead to a better understanding of trends in long-term illness and recovery, and the needs of survivors, particularly those suffering from post-COVID conditions.

§ 2. Section 2180 of the public health law is amended by adding a new subdivision 14 to read as follows:

14. "Long COVID" means symptoms that persist after the acute COVID-19 infection has resolved.

§ 3. The public health law is amended by adding a new section 2184 to read as follows:

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

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§ 2184. Long COVID-19 study. 1. There is hereby established in the department the long COVID-19 review board for the purpose of reviewing the research and data in the state on long COVID and developing and disseminating findings, recommendations, and best practices to contribute to the prevention of long COVID.

2. (a) The board shall be composed of at least fifteen members, all of whom shall be appointed by the commissioner. The board shall be comprised of multidisciplinary experts in the field of virology, immunology, COVID-19 and public health, and shall include health care professionals or other experts who serve and are representative of the diversity of New Yorkers in medically underserved areas of the state or areas of the state with disproportionately high occurrences of COVID-19.

(b) Board members shall serve for terms of three years. The commissioner may choose to reappoint board members to additional three-year terms.

(c) A majority of the appointed membership of the board shall constitute a quorum.

(d) If any member of the state board fails to attend three consecutive regular meetings, unless such absence is for good cause, that membership may be deemed vacant for purposes of the appointment of a successor.

(e) Meetings of the state board shall be held at least twice a year but may be held more frequently as deemed necessary, subject to request of the department.

(f) Members of boards shall be indemnified under section seventeen of the public officers law or section fifty-k of the general municipal law, as applicable.

(g) Members of the board shall not be compensated for their participation on the board but shall receive reimbursement for their ordinary and necessary expenses of participation in activities of the board.

(h) Membership on the board shall not disqualify any person from holding any public office or employment.

3. The board, in conjunction with other departments or experts within the field, shall conduct a comprehensive study for the purpose of monitoring the long-term health impacts of the COVID-19 virus. The data collected shall only be utilized as authorized under state and federal law to inform the state's efforts to advance the care of people recovering from COVID-19. The purpose of the study shall be to:

(a) monitor the long-term physical and mental health impacts of COVID-19 infections, including, but not limited to, post-COVID conditions;

(b) identify racial, gender and sexual orientation disparities in long COVID;

(c) review current protocols for treatment of long COVID;

(d) develop and disseminate strategies for reducing the risk of long COVID, including risk resulting from racial, economic, or other disparities; and

(e) advance prevention, diagnosis, treatment and interventions for individuals experiencing long COVID.

4. The commissioner may request and shall receive upon request from any department, division, board, bureau, commission, local health departments or other agency of the state or political subdivision thereof or any public authority, as well as hospitals established pursuant to article twenty-eight of this chapter, birthing facilities, medical examiners, coroners and coroner physicians and any other facility providing services associated with COVID-19, such information, including, but not limited to, death records, medical records, autopsy reports, toxicology

reports, hospital discharge records, birth records and any other information that will help the department to properly carry out the functions, powers and duties of the board as described in this section.

5. (a) The commissioner may solicit voluntary information, including oral or written statements, relating to long COVID cases, from any family member or other interested party including the patient, oral statements received under this paragraph shall be transcribed or summarized in writing. The commissioner shall transmit information obtained pursuant to this subdivision to the board.

(b) Before transmitting any information to the board, the commissioner shall remove all personal identifying information of the patient, health care practitioner or practitioners or anyone else individually named in such information, as well as the hospital or facility that treated the patient, and any other information such as geographic location that may inadvertently identify the patient, practitioner or facility. This paragraph shall not preclude the transmitting of information to the board that is reasonably necessary to enable the board to perform an appropriate review under this section.

(c) The commissioner may share non-patient specific information obtained pursuant to this subdivision with researchers for the purpose of medical, public health or other scientific research. As a condition of sharing such data or information, any subsequently published studies, reports or findings that used such data or information shall be made available at no charge to the public on the department's website.

(d) All personal information about people recovering from COVID-19 shall be kept confidential by the department and may not be disclosed except for the purposes described in this subdivision.

(e) The commissioner shall promulgate regulations establishing permitted purposes and uses of study information. All such regulations shall maintain the anonymity of individuals and govern access to information maintained by the department. It shall not be a permitted purpose for the department or any authorized user of the study to provide information contained in the study with immigration authorities. The study shall comply with all state and federal laws and regulations related to maintaining the privacy and confidentiality of records contained with the study.

6. (a) The commissioner shall submit on or before December first, an annual report to the governor and the legislature concerning the operation and findings of the study. The first such report required under this section shall be published on December first of the calendar year following the commencement of the study, and shall include the findings of any surveys conducted by the department on long COVID-19, the findings of any scientific studies, papers, or reports produced using data or information collected in the study, and recommendations for state action to address health issues or trends identified by the department.

(b) The commissioner, within their legal authority, may use the recommendations and findings of the board to develop guidance and other actions relating to best practices, and shall disseminate information relating to that guidance and other actions to appropriate health care providers.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law.