

STATE OF NEW YORK

9077

2025-2026 Regular Sessions

IN ASSEMBLY

September 12, 2025

Introduced by M. of A. RAJKUMAR -- read once and referred to the Committee on Higher Education

AN ACT to amend the education law, the public health law, the social services law, the civil service law, the labor law, the insurance law, the mental hygiene law, the family court act, the volunteer ambulance workers' benefit law, the volunteer firefighters' benefit law and the workers' compensation law, in relation to the administration of immunizations and eliminating the role of the federal centers for disease control and prevention from the determination of policies and practices in the state of New York

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

1 Section 1. Subdivision 7 of section 6527 of the education law, as
2 amended by chapter 555 of the laws of 2021, is amended to read as
3 follows:
4 7. A licensed physician may prescribe and order a patient specific
5 order or non-patient specific regimen to a licensed pharmacist, pursuant
6 to regulations promulgated by the commissioner, and consistent with the
7 public health law, for: (a) administering immunizations to prevent
8 influenza to patients two years of age or older; and (b) administering
9 immunizations to prevent pneumococcal, acute herpes zoster, hepatitis A,
10 hepatitis B, human papillomavirus, measles, mumps, rubella, varicella,
11 COVID-19, meningococcal, tetanus, diphtheria or pertussis disease and
12 medications required for emergency treatment of anaphylaxis to patients
13 eighteen years of age or older; and (c) administering other immuniza-
14 tions recommended by [~~the advisory committee on immunization practices~~
15 ~~of the centers for disease control and prevention~~] nationally recognized
16 clinical practice guidelines for patients eighteen years of age or older
17 if the commissioner of health in consultation with the commissioner
18 determines that an immunization: (i) (A) may be safely administered by a
19 licensed pharmacist within their lawful scope of practice; and (B) is

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

LBD13723-01-5

1 needed to prevent the transmission of a reportable communicable disease
2 that is prevalent in New York state; or (ii) is a recommended immuniza-
3 tion for such patients who: (A) meet age requirements, (B) lack documen-
4 tation of such immunization, (C) lack evidence of past infection, or (D)
5 have an additional risk factor or another indication as recommended by
6 [~~the advisory committee on immunization practices of the centers for~~
7 ~~disease control and prevention~~] nationally recognized clinical practice
8 guidelines. Provided, however, that anyone administering immunizations
9 for COVID-19 within their lawful scope of practice shall administer such
10 immunization if a patient: (A) meets age requirements; (B) does not have
11 a history of adverse reaction to such immunization or any ingredient
12 thereof; (C) meets requirements under which the Food and Drug Adminis-
13 tration has determined the immunization is safe; and (D) meets other
14 requirements as determined by the commissioner of health; without
15 consideration or inquiry of any other criteria or guidelines, including
16 those of the advisory committee on immunization practices of the centers
17 for disease control and prevention or a successor. For the purposes of
18 this section, the absence of any issuance of additional guidelines from
19 the commissioner of health shall create a presumption that there are no
20 additional requirements to satisfy the criteria for administration of
21 immunization for COVID-19. Nothing in this subdivision shall authorize
22 unlicensed persons to administer immunizations, vaccines or other drugs,
23 nor authorize licensed persons to administer immunizations, vaccines or
24 other drugs in violation of any state or federal law.

25 § 2. Subdivision 7 of section 6909 of the education law, as amended by
26 chapter 555 of the laws of 2021, is amended to read as follows:

27 7. A certified nurse practitioner may prescribe and order a patient
28 specific order or non-patient specific regimen to a licensed pharmacist,
29 pursuant to regulations promulgated by the commissioner, and consistent
30 with the public health law, for: (a) administering immunizations to
31 prevent influenza to patients two years of age or older; and (b) admin-
32 istering immunizations to prevent pneumococcal, acute herpes zoster,
33 hepatitis A, hepatitis B, human papillomavirus, measles, mumps, rubella,
34 varicella, COVID-19, meningococcal, tetanus, diphtheria or pertussis
35 disease and medications required for emergency treatment of anaphylaxis
36 to patients eighteen years of age or older; and (c) administering other
37 immunizations recommended by [~~the advisory committee on immunization~~
38 ~~practices of the centers for disease control and prevention~~] nationally
39 recognized clinical practice guidelines for patients eighteen years of
40 age or older if the commissioner of health in consultation with the
41 commissioner determines that an immunization: (i) (A) may be safely
42 administered by a licensed pharmacist within their lawful scope of prac-
43 tice; and (B) is needed to prevent the transmission of a reportable
44 communicable disease that is prevalent in New York state; or (ii) is a
45 recommended immunization for such patients who: (A) meet age require-
46 ments, (B) lack documentation of such immunization, (C) lack evidence of
47 past infection, or (D) have an additional risk factor or another indi-
48 cation as recommended by [~~the advisory committee on immunization prac-~~
49 ~~tices of the centers for disease control and prevention~~] nationally
50 recognized clinical practice guidelines. Provided, however, that anyone
51 administering immunizations for COVID-19 within their lawful scope of
52 practice shall administer such immunization if a patient: (A) meets age
53 requirements; (B) does not have a history of adverse reaction to such
54 immunization or any ingredient thereof; (C) meets requirements under
55 which the Food and Drug Administration has determined the immunization
56 is safe; and (D) meets other requirements as determined by the commis-

1 sioner of health; without consideration or inquiry of any other criteria
2 or guidelines, including those of the advisory committee on immunization
3 practices of the centers for disease control and prevention or a succes-
4 sor. For the purposes of this section, the absence of any issuance of
5 additional guidelines from the commissioner of health shall create a
6 presumption that there are no additional requirements to satisfy the
7 criteria for administration of immunization for COVID-19. Nothing in
8 this subdivision shall authorize unlicensed persons to administer immun-
9 izations, vaccines or other drugs, nor authorize licensed persons to
10 administer immunizations, vaccines or other drugs in violation of any
11 state or federal law.

12 § 3. Subparagraph 1 of paragraph a of subdivision 22 of section 6802
13 of the education law, as amended by chapter 802 of the laws of 2022, is
14 amended to read as follows:

15 (1) the direct application of an immunizing agent to adults, whether
16 by injection, ingestion, inhalation or any other means, pursuant to a
17 patient specific order or non-patient specific regimen prescribed or
18 ordered by a physician or certified nurse practitioner, for: immuniza-
19 tions to prevent influenza, pneumococcal, acute herpes zoster, hepatitis
20 A, hepatitis B, human papillomavirus, measles, mumps, rubella, varicel-
21 la, COVID-19, meningococcal, tetanus, diphtheria or pertussis disease
22 and medications required for emergency treatment of anaphylaxis; and
23 other immunizations recommended by [~~the advisory committee on immuniza-~~
24 ~~tion practices of the centers for disease control and prevention~~]
25 nationally recognized clinical practice guidelines for patients eighteen
26 years of age or older if the commissioner of health in consultation with
27 the commissioner determines that an immunization: (i)(A) may be safely
28 administered by a licensed pharmacist within their lawful scope of prac-
29 tice; and (B) is needed to prevent the transmission of a reportable
30 communicable disease that is prevalent in New York state; or (ii) is a
31 recommended immunization for such patients who: (A) meet age require-
32 ments, (B) lack documentation of such immunization, (C) lack evidence of
33 past infection, or (D) have an additional risk factor or another indi-
34 cation as recommended by [~~the advisory committee on immunization prac-~~
35 ~~tices of the centers for disease control and prevention~~] nationally
36 recognized clinical practice guidelines. Provided, however, that anyone
37 administering immunizations for COVID-19 within their lawful scope of
38 practice shall administer such immunization if a patient: (A) meets age
39 requirements; (B) does not have a history of adverse reaction to such
40 immunization or any ingredient thereof; (C) meets requirements under
41 which the Food and Drug Administration has determined the immunization
42 is safe; and (D) meets other requirements as determined by the commis-
43 sioner of health; without consideration or inquiry of any other criteria
44 or guidelines, including those of the advisory committee on immunization
45 practices of the centers for disease control and prevention or a succes-
46 sor. For the purposes of this section, the absence of any issuance of
47 additional guidelines from the commissioner of health shall create a
48 presumption that there are no additional requirements to satisfy the
49 criteria for administration of immunization for COVID-19. If the commis-
50 sioner of health determines that there is an outbreak of disease, or
51 that there is the imminent threat of an outbreak of disease, then the
52 commissioner of health may issue a non-patient specific regimen applica-
53 ble statewide.

54 § 4. Paragraph (e) of subdivision 2 of section 6801 of the education
55 law, as amended by section 1 of part DD of chapter 57 of the laws of
56 2018, is amended to read as follows:

1 (e) administer the immunization or immunizations according to the most
2 current recommendations by [~~the advisory committee for immunization~~
3 ~~practices (ACIP)~~] nationally recognized clinical practice guidelines,
4 provided however, that a pharmacist may administer any immunization
5 authorized under this section when specified by a patient specific
6 order.

7 § 5. Subdivision 4 of section 6801 of the education law, as amended by
8 section 1 of part DD of chapter 57 of the laws of 2018, is amended to
9 read as follows:

10 4. When administering an immunization in a pharmacy, the licensed
11 pharmacist shall provide an area for the immunization that provides for
12 a patient's privacy. The privacy area should include:

13 [~~a-~~] (a) a clearly visible posting of the most current [~~"Recommended~~
14 ~~Adult Immunization Schedule" published by the advisory committee for~~
15 ~~immunization practices (ACIP)~~] recommended adult immunization schedule
16 according to nationally recognized best practices; and

17 (b) education materials on influenza vaccinations for children as
18 determined by the commissioner and the commissioner of health.

19 § 6. Section 6801 of the education law is amended by adding a new
20 subdivision 4-a to read as follows:

21 4-a. A pharmacy which offers immunization appointments, including by
22 phone or online, shall offer all immunizations according to recommenda-
23 tions by nationally recognized clinical practice guidelines, and without
24 an advance prescription. A pharmacy shall not impose any limitations or
25 criteria other than those set forth in subdivision twenty-two of section
26 sixty-eight hundred two of this article.

27 § 7. Subparagraph 5 of paragraph f of subdivision 5 of section 2-d of
28 the education law, as added by section 1 of subpart L of part AA of
29 chapter 56 of the laws of 2014, is amended to read as follows:

30 (5) [~~uses~~] use encryption technology to protect data while in motion
31 or in its custody from unauthorized disclosure using a technology or
32 methodology specified by the commissioner of health or secretary of the
33 United States department of health and human services in guidance issued
34 under Section 13402(H)(2) of Public Law 111-5.

35 § 8. Paragraph (a) of subdivision 25 of section 206 of the public
36 health law, as added by chapter 563 of the laws of 2008, is amended to
37 read as follows:

38 (a) In assessing and reporting on the impact of section sixty-eight
39 hundred one of the education law, pursuant to subdivision four of such
40 section the commissioner may but shall not be required to use: (1)
41 influenza vaccine supply data from the federal centers for disease
42 control and prevention; (2) pneumococcal vaccine supply data provided by
43 manufacturers and distributors of such vaccine; and (3) data from a
44 third party entity that engages in the collection of data and tracking
45 of pharmaceutical sales and distribution. Manufacturers and distributors
46 of pneumococcal vaccine shall provide or arrange for the timely
47 provision to the commissioner of such data as the commissioner may
48 reasonably request to complete the report. Provider and customer iden-
49 tifiable information submitted pursuant to this paragraph shall be
50 confidential, unless the information provider consents to its release or
51 the commissioner determines disclosure is necessary to respond to an
52 imminent public health emergency.

53 § 9. Section 206 of the public health law is amended by adding a new
54 subdivision 32 to read as follows:

55 32. Any rules and regulations of the department in effect of the
56 effective date of this subdivision which reference or direct the follow-

ing of guidelines of the United States centers for disease control and prevention or any part, portion or committee thereof shall be deemed to refer to nationally recognized best practices. For the purposes of this subdivision, and any references in any other statute, the term "nationally recognized clinical practice" shall mean a clinical approach, methodology, or standard of care that is widely accepted and utilized by licensed health care professionals across the United States, based on peer-reviewed scientific evidence and professional consensus, which may not be consistent with guidelines issued by a federal agency or other organization if such guidelines conflict with peer-reviewed scientific evidence and professional consensus. The commissioner may issue determinations of nationally recognized clinical practice, provided, however, that the absence of such a determination shall not imply requirement to adhere to guidelines issued by a federal agency or other organization if such guidelines conflict with peer-reviewed scientific evidence and professional consensus.

§ 10. Subdivision 3 of section 266-a of the public health law, as added by chapter 483 of the laws of 2014 and such section as renumbered by chapter 653 of the laws of 2022, is amended to read as follows:

3. Consult with national vaccine and immunization policy making organizations [~~, including but not limited to, the advisory committee on immunization practices under the centers for disease control and prevention, the national institute of health and the national institute of allergy and infectious diseases~~] whose policies conform to nationally recognized clinical practice;

§ 11. Subdivision 2 of section 1399-mm-3 of the public health law, as added by section 1 of part EE of chapter 56 of the laws of 2020, is amended to read as follows:

2. The commissioner is authorized to promulgate rules and regulations governing the sale and distribution of carrier oils that are suspected of causing acute illness [~~and have been identified as a chemical of concern by the United States centers for disease control and prevention~~]. Such regulations may, to the extent deemed by the commissioner as necessary for the protection of public health, prohibit or restrict the selling, offering for sale, possessing with intent to sell, or distributing of carrier oils.

§ 12. Section 2170 of the public health law, as amended by chapter 109 of the laws of 2004, is amended to read as follows:

§ 2170. Hepatitis C; educational materials. The commissioner shall develop and make available to physicians, other health care providers, veterans and other persons at high risk for hepatitis C educational materials, in written and electronic forms, on the diagnosis, treatment and prevention of hepatitis C. Such materials shall include the recommendations of [~~the federal Centers for Disease Control and Prevention and any other person or entity~~] any persons or entities having knowledge on hepatitis C, including the American Liver Foundation. Such materials shall be written in terms which are understandable by members of the general public.

§ 13. Subdivisions 1 and 3 of section 2312 of the public health law, as amended by chapter 298 of the laws of 2019, are amended to read as follows:

1. Notwithstanding any other provision of law and consistent with section two thousand three hundred five of this title, a health care practitioner (who is authorized under title eight of the education law to diagnose and prescribe drugs for sexually transmitted chlamydia trachomatis infection and other sexually transmitted infections, acting

1 within [~~his or her~~] their lawful scope of practice) who diagnoses a
2 sexually transmitted chlamydia trachomatis infection or other sexually
3 transmitted infection in an individual patient may prescribe, dispense,
4 furnish, or otherwise provide prescription antibiotic drugs for the
5 sexually transmitted infections for which [~~the Centers for Disease
6 Control and Prevention recommends~~] nationally recognized clinical prac-
7 tice guidelines recommend the use of expedited partner therapy to that
8 patient's sexual partner or partners without examination of that
9 patient's partner or partners.

10 3. The commissioner shall promulgate rules and regulations concerning
11 the implementation of this section and shall also develop forms for
12 patients and their partners explaining expedited partner therapy for a
13 chlamydia trachomatis infection and other sexually transmitted
14 infections for which [~~the Centers for Disease Control and Prevention
15 recommends~~] nationally recognized clinical practice guidelines recommend
16 the use of expedited partner therapy. Such forms shall be written in a
17 clear and coherent manner using words with common, everyday meanings.

18 § 14. Paragraph c of subdivision 2 of section 2164 of the public
19 health law, as added by chapter 401 of the laws of 2015, is amended to
20 read as follows:

21 c. Every person in parental relation to a child in this state entering
22 or having entered seventh grade and twelfth grade or a comparable age
23 level special education program with an unassigned grade on or after
24 September first, two thousand sixteen, shall have administered to such
25 child an adequate dose or doses of immunizing agents against meningococ-
26 cal disease as recommended by [~~the advisory committee on immunization
27 practices of the centers for disease control and prevention~~] nationally
28 recognized clinical practice guidelines, which meets the standards
29 approved by the United States public health service for such biological
30 products, and which is approved by the department under such conditions
31 as may be specified by the public health and planning council.

32 § 15. Paragraph d of subdivision 1 and subdivision 8 of section 2165
33 of the public health law, as added by chapter 405 of the laws of 1989,
34 are amended to read as follows:

35 d. The term "immunization" means an adequate dose or doses of an
36 immunizing agent against measles, mumps and rubella [~~which meets the
37 standards approved by the United States public health service for such
38 biological products, and which is~~] approved by the state department of
39 health under such conditions as may be specified by the public health
40 council.

41 8. If any licensed physician or nurse practitioner certifies that such
42 immunization may be detrimental to the person's health or is otherwise
43 medically contraindicated pursuant to nationally recognized best prac-
44 tices, the requirements of this section shall be inapplicable until such
45 immunization is found no longer to be detrimental to such person's
46 health or is no longer medically contraindicated.

47 § 16. Subdivision 11-a of section 2168 of the public health law, as
48 amended by chapter 109 of the laws of 2023, is amended to read as
49 follows:

50 11-a. The commissioner, or in the city of New York, the commissioner
51 of the department of health and mental hygiene, may only share registry
52 information maintained by the department, or in the case of the citywide
53 immunization registry, the city of New York under the provisions of this
54 section [~~with the federal Centers for Disease Control and Prevention, or
55 successor agency~~] pursuant to federal law or as determined by the
56 commissioner, for public health purposes in summary, statistical, aggre-

1 gate, or other form such that no individual person can be identified,
2 except that either such commissioner may disclose identifiable regis-
3 trant information to the federal Centers for Disease Control and
4 Prevention, or its successor agency, when the commissioner has deter-
5 mined that the disclosure is in the best interests of the registrant or
6 will contribute to the protection of public health and that the objec-
7 tive of the disclosure cannot be served by disclosure limited to de-i-
8 dentified information, or the federal health officials have committed in
9 writing not to redisclose to or share registrant information with any
10 other federal agency, including but not limited to the department of
11 homeland security, immigration and customs enforcement, customs and
12 border protection, or any successor agency, or any law enforcement agen-
13 cy; provided that either such commissioner may forgo the written commit-
14 ment if requiring written commitment would result in the actual with-
15 holding of federal funds.

16 § 17. Subdivision 1 of section 2599-b of the public health law, as
17 amended by section 1 of part A of chapter 469 of the laws of 2015, is
18 amended to read as follows:

19 1. The program shall be designed to prevent and reduce the incidence
20 and prevalence of obesity in children and adolescents, especially among
21 populations with high rates of obesity and obesity-related health
22 complications including, but not limited to, diabetes, heart disease,
23 cancer, osteoarthritis, asthma, emphysema, chronic bronchitis, other
24 chronic respiratory diseases and other conditions. The program shall use
25 nationally recognized clinical practice recommendations and goals [~~of~~
26 ~~the United States departments of agriculture and health and human~~
27 ~~services, the surgeon general and centers for disease control and~~
28 ~~prevention]~~ in developing and implementing guidelines for nutrition
29 education and physical activity projects as part of obesity prevention
30 efforts. The content and implementation of the program shall stress the
31 benefits of choosing a balanced, healthful diet from the many options
32 available to consumers, without specifically targeting the elimination
33 of any particular food group, food product or food-related industry.

34 § 18. Clauses (A) and (C) of subparagraph (i) of paragraph (a) of
35 subdivision 12 of section 2803 of the public health law, clause (A) as
36 amended by chapter 20 of the laws of 2023 and clause (C) as amended by
37 chapter 19 of the laws of 2022, are amended to read as follows:

38 (A) to update authorized family members and resident representatives
39 of infected residents at least once per day and upon a change in a resi-
40 dent's condition and at least once a week to update all residents and
41 authorized families and resident representatives on the number of
42 infections and deaths at the facility, and to update all residents,
43 authorized family members, and resident representatives at the facility
44 not later than five o'clock p.m. the next calendar day following the
45 detection of a confirmed infection of a resident or staff member, or at
46 such earlier time [~~as guidance from the federal centers for Medicaid and~~
47 ~~medicare services or centers for disease control and prevention may~~
48 ~~provide]~~ in accordance with nationally recognized best practices, by
49 electronic or such other means as may be selected by each resident,
50 authorized family member or resident representative; and

51 (C) a plan or procedure, consistent with [~~any guidance issued by the~~
52 ~~federal centers for Medicaid and medicare services or centers for~~
53 ~~disease control and prevention]~~ nationally recognized best practices,
54 for placement or grouping of residents within a facility to reduce tran-
55 smission of the pandemic disease during an infectious disease outbreak
56 in the residential health care facility; and

1 § 19. Paragraph (a) of subdivision 5 of section 2803-j of the public
2 health law, as added by chapter 62 of the laws of 1996, is amended to
3 read as follows:

4 (a) The commissioner shall establish an immunization schedule for
5 newborn children. The immunization schedule shall chart out recommended
6 immunizations against certain diseases and illnesses and age-appropriate
7 times for the administration of each immunization. The immunization
8 schedule shall also include information on the importance of getting
9 children immunized at the recommended ages. The immunization schedule
10 shall also include the toll-free telephone number operated by the
11 department as part of its immunization education efforts. The immuniza-
12 tion schedule shall be in accordance with recommendations established by
13 the New York state department of health [~~and the immunization practices
14 advisory committee of the United States department of health and human
15 services~~].

16 § 20. Subdivision 1 of section 2196 of the public health law, as added
17 by chapter 580 of the laws of 1999, is amended to read as follows:

18 1. The commissioner shall promulgate regulations relating to the
19 immunization requirements of this article, taking into consideration the
20 recommendations of [~~the centers for disease control and prevention~~]
21 nationally recognized clinical practice guidelines.

22 § 21. Subdivision 1 of section 2780 of the public health law, as added
23 by chapter 584 of the laws of 1988, is amended to read as follows:

24 1. "AIDS" means acquired immune deficiency syndrome[~~, as may be
25 defined from time to time by the centers for disease control of the
26 United States public health service~~].

27 § 22. Subdivision 13 of section 131 of the social services law, as
28 added by chapter 61 of the laws of 1996, is amended to read as follows:

29 13. Social services districts shall provide all applicants and recipi-
30 ents of public assistance with children five years of age or less with
31 information and a schedule regarding age-appropriate immunizations for
32 children in accordance with [~~the recommendations of the department of
33 health and the immunization practices advisory committee of the United
34 States department of health and human services~~] nationally recognized
35 best practices. The telephone number of the local county health depart-
36 ment shall be included on the immunization schedule.

37 § 23. Paragraphs (q) and (ff) of subdivision 2 of section 365-a of the
38 social services law, paragraph (q) as amended by section 35 of part B of
39 chapter 58 of the laws of 2010, and paragraph (ff) as added by section 1
40 of part C of chapter 57 of the laws of 2019, are amended to read as
41 follows:

42 (q) diabetes self-management training services for persons diagnosed
43 with diabetes when such services are ordered by a physician, registered
44 physician assistant, registered nurse practitioner, or licensed midwife
45 and provided by a licensed, registered, or certified health care profes-
46 sional, as determined by the commissioner of health, who is certified as
47 a diabetes educator by the National Certification Board for Diabetes
48 Educators, or a successor national certification board, or provided by
49 such a professional who is affiliated with a program certified by the
50 American Diabetes Association, the American Association of Diabetes
51 Educators, the Indian Health Services, or any other national accredi-
52 tation organization approved by the [~~federal centers for medicare and
53 medicaid services~~] the commissioner of health; provided, however, that
54 the provisions of this paragraph shall not take effect unless all neces-
55 sary approvals under federal law and regulation have been obtained to
56 receive federal financial participation in the costs of health care

1 services provided pursuant to this paragraph. Nothing in this paragraph
2 shall be construed to modify any licensure, certification or scope of
3 practice provision under title eight of the education law.

4 (ff) evidence-based prevention and support services [~~recognized by the~~
5 ~~federal Centers for Disease Control (CDC),~~] provided by a community-
6 based organization, and designed to prevent individuals at risk of
7 developing diabetes from developing Type 2 diabetes.

8 § 24. Paragraph (b) of subdivision 1 of section 365-k of the social
9 services law, as amended by chapter 41 of the laws of 2023, is amended
10 to read as follows:

11 (b) The standards and guidelines established under this section for
12 providing non-invasive prenatal testing shall not limit availability and
13 coverage for a test based on the age of the pregnant patient, unless the
14 limit is explicitly called for by the generally accepted standards of
15 professional practice [~~or is otherwise recommended by safety communi-~~
16 ~~cations or guidance issued by the United States food and drug adminis-~~
17 ~~tration, the centers for Medicare and medicaid services, or the United~~
18 ~~States department of health and human services~~].

19 § 25. Clause (i) of subparagraph 2 of paragraph (d) of subdivision 4
20 of section 366 of the social services law, as added by section 2 of part
21 D of chapter 56 of the laws of 2013, is amended to read as follows:

22 (i) Medical assistance is available under this paragraph to persons
23 who are under sixty-five years of age, have been screened for breast
24 and/or cervical cancer under [~~the Centers for Disease Control and~~
25 ~~Prevention breast and cervical cancer early detection program]~~
26 nationally recognized clinical practice guidelines and need treatment
27 for breast or cervical cancer, and are not otherwise covered under cred-
28 itable coverage as defined in the federal public health service act;
29 provided however that medical assistance shall be furnished pursuant to
30 this clause only to the extent permitted under federal law, if, for so
31 long as, and to the extent that federal financial participation is
32 available therefor.

33 § 26. Paragraph (d) of subdivision 1 and subdivision 4 of section 178
34 of the civil service law, as added by chapter 390 of the laws of 2005,
35 are amended to read as follows:

36 (d) "Significant risk of transmission" means the alleged conduct of or
37 actions taken by an assailant or any other action, situation or event
38 that occurs while a public protection official is performing [~~his or~~
39 ~~her]~~ their official duties that has created a recognized and significant
40 risk of infection of a public protection official with the human immuno-
41 deficiency virus (HIV), as determined by the commissioner of health,
42 consistent with nationally recognized clinical practice guidelines,
43 protocols, and findings [~~of the United States centers for disease~~
44 ~~control and prevention~~].

45 4. Guidelines. The commissioner of health shall issue guidelines to
46 facilitate the identification of circumstances potentially exposing a
47 public protection official to a significant risk of transmission of the
48 human immunodeficiency virus (HIV). Such guidelines shall be consistent
49 with nationally recognized clinical practice criteria [~~accepted by the~~
50 ~~federal centers for disease control and prevention~~]. Such guidelines
51 shall also provide information regarding related counseling and testing
52 procedures available to such individuals.

53 § 27. Subdivision 2 of section 930 of the labor law, as amended by
54 chapter 90 of the laws of 2015, is amended to read as follows:

55 2. "Mold" means any indoor multi-cellular fungi growth capable of
56 creating toxins that can cause pulmonary, respiratory, neurological or

1 other major illnesses after minimal exposure, as such exposure is
2 defined by [~~the environmental protection agency, centers for disease~~
3 ~~control and prevention, national institute of health, or other~~] any
4 federal, state, or local agency or organization as determined by the
5 commissioner of health and organized to study and/or protect human
6 health.

7 § 28. Paragraph 2 of subsection (d) of section 2611 of the insurance
8 law, as added by chapter 584 of laws of 1988, is amended to read as
9 follows:

10 (2) "AIDS" means acquired immune deficiency syndrome[~~, as may be~~
11 ~~defined from time to time by the centers for disease control of the~~
12 ~~United States public health service~~].

13 § 29. Paragraphs (c) and (e) of subdivision 1 of section 2411 of the
14 public health law, as amended by section 5 of part A of chapter 60 of
15 the laws of 2014, are amended to read as follows:

16 (c) Consult with [~~the Centers for Disease Control and Prevention, the~~
17 ~~National Institutes of Health, the Federal Agency For Health Care Policy~~
18 ~~and Research, the National Academy of Sciences and other~~] organizations
19 or entities which may be involved in cancer research to solicit both
20 information regarding breast cancer research projects that are currently
21 being conducted and recommendations for future research projects;

22 (e) Solicit, receive, and review applications from public and private
23 agencies and organizations and qualified research institutions for
24 grants from the breast cancer research and education fund, created
25 pursuant to section ninety-seven-yy of the state finance law, to conduct
26 research or educational programs which focus on the causes, prevention,
27 screening, treatment and cure of breast cancer and may include, but are
28 not limited to mapping of breast cancer, and basic, behavioral, clinical,
29 demographic, environmental, epidemiologic and psychosocial
30 research. The board shall make recommendations to the commissioner, and
31 the commissioner shall, in [~~his or her~~] their discretion, grant approval
32 of applications for grants from those applications recommended by the
33 board. The board shall consult with [~~the Centers for Disease Control and~~
34 ~~Prevention, the National Institutes of Health, the Federal Agency For~~
35 ~~Health Care Policy and Research, the National Academy of Sciences,~~
36 breast cancer advocacy groups[~~7~~] and other organizations or entities
37 which may be involved in breast cancer research to solicit both information
38 regarding breast cancer research projects that are currently being
39 conducted and recommendations for future research projects. As used in
40 this section, "qualified research institution" may include academic
41 medical institutions, state or local government agencies, public or
42 private organizations within this state, and any other institution
43 approved by the department, which is conducting a breast cancer research
44 project or educational program. If a board member submits an application
45 for a grant from the breast cancer research and education fund, [~~he or~~
46 ~~she~~] they shall be prohibited from reviewing and making a recommendation
47 on the application;

48 § 30. Item (iv) of subparagraph (A) of paragraph 12 of subsection (i)
49 of section 3216 of the insurance law, as amended by chapter 357 of the
50 laws of 2010, is amended to read as follows:

51 (iv) Elsevier Gold Standard's Clinical Pharmacology; or other authoritative
52 compendia as identified by the [~~Federal Secretary of Health and~~
53 ~~Human Services or the Centers for Medicare & Medicaid Services (CMS)~~]
54 commissioner of health; or recommended by review article or editorial
55 comment in a major peer reviewed professional journal.

1 § 31. Item (ii) of subparagraph (E) of paragraph 17 of subsection (i)
2 of section 3216 of the insurance law, as amended by chapter 219 of the
3 laws of 2011, is amended to read as follows:

4 (ii) immunizations that have in effect a recommendation [~~from the~~
5 ~~advisory committee on immunization practices of the centers for disease~~
6 ~~control and prevention~~] pursuant to nationally recognized clinical prac-
7 tice guidelines with respect to the individual involved;

8 § 32. Item (ii) of subparagraph (E) of paragraph 8 of subsection (l)
9 of section 3221 of the insurance law, as amended by chapter 219 of the
10 laws of 2011, is amended to read as follows:

11 (ii) immunizations that have in effect a recommendation [~~from the~~
12 ~~advisory committee on immunization practices of the centers for disease~~
13 ~~control and prevention~~] pursuant to nationally recognized clinical prac-
14 tice guidelines with respect to the individual involved;

15 § 33. Item (iv) of subparagraph (A) of paragraph 12 of subsection (l)
16 of section 3221 of the insurance law, as amended by chapter 357 of the
17 laws of 2010, is amended to read as follows:

18 (iv) Elsevier Gold Standard's Clinical Pharmacology; or other authori-
19 tative compendia as identified by the [~~Federal Secretary of Health and~~
20 ~~Human Services or the Centers for Medicare & Medicaid Services (CMS)~~]
21 commissioner of health; or recommended by review article or editorial
22 comment in a major peer reviewed professional journal.

23 § 34. Subparagraph (B) of paragraph 3 of subsection (j) of section
24 4303 of the insurance law, as added by chapter 219 of the laws of 2011,
25 is amended to read as follows:

26 (B) immunizations that have in effect a recommendation [~~from the advi-~~
27 ~~sory committee on immunization practices of the centers for disease~~
28 ~~control and prevention~~] pursuant to nationally recognized clinical prac-
29 tice guidelines with respect to the individual involved;

30 § 35. Clause (ii) of subparagraph (F) of paragraph 4 of subsection (b)
31 of section 4322 of the insurance law, as added by chapter 219 of the
32 laws of 2011, is amended to read as follows:

33 (ii) immunizations that have in effect a recommendation [~~from the~~
34 ~~advisory committee on immunization practices of the centers for disease~~
35 ~~control and prevention~~] pursuant to nationally recognized clinical prac-
36 tice guidelines with respect to the individual involved;

37 § 36. Clause (iii) of subparagraph (B) paragraph 3 of subsection (j)
38 of section 7813 of the insurance law, as added by chapter 499 of the
39 laws of 2009, is amended to read as follows:

40 (iii) having a level of disability similar to that described in clause
41 (i) of this subparagraph, as determined by [~~the United States Secretary~~
42 ~~of Health and Human Services~~] nationally recognized best practices.

43 § 37. Paragraph 4 of subdivision (c) of section 36.04 of the mental
44 hygiene law, as added by section 1 of part HH of chapter 57 of the laws
45 of 2023, is amended to read as follows:

46 (4) where executed, agreements establishing formal relationships with
47 designated collaborating organizations to provide certain certified
48 community behavioral health clinic services [~~, consistent with guidance~~
49 ~~issued by the United States department of health and human services~~
50 ~~substance abuse and mental health services administration and the office~~
51 ~~of mental health and the office of addiction services and supports~~];

52 § 38. Subdivision (a) of section 418 of the family court act, as
53 amended by chapter 214 of the laws of 1998, is amended to read as
54 follows:

55 (a) The court, on its own motion or motion of any party, when paterni-
56 ty is contested, shall order the mother, the child and the alleged

1 father to submit to one or more genetic marker or DNA marker tests of a
2 type generally acknowledged as reliable by an accreditation body [~~desig-~~
3 ~~nated by the secretary of the federal department of health and human~~
4 ~~services~~] and performed by a laboratory approved by such an accredi-
5 tation body and by the commissioner of health or by a duly qualified
6 physician to aid in the determination of whether the alleged father is
7 or is not the father of the child. No such test shall be ordered, howev-
8 er, upon a written finding by the court that it is not in the best
9 interests of the child on the basis of res judicata, equitable estoppel
10 or the presumption of legitimacy of a child born to a married woman. The
11 record or report of the results of any such genetic marker or DNA test
12 shall be received in evidence, pursuant to subdivision (e) of rule
13 forty-five hundred eighteen of the civil practice law and rules where no
14 timely objection in writing has been made thereto. Any order pursuant to
15 this section shall state in plain language that the results of such test
16 shall be admitted into evidence, pursuant to rule forty-five hundred
17 eighteen of the civil practice law and rules absent timely objections
18 thereto and that if such timely objections are not made, they shall be
19 deemed waived and shall not be heard by the court. If the record or
20 report of results of any such genetic marker or DNA test or tests indi-
21 cate at least a ninety-five percent probability of paternity, the admis-
22 sion of such record or report shall create a rebuttable presumption of
23 paternity, and, if unrebutted, shall establish the paternity of and
24 liability for the support of a child pursuant to this article and arti-
25 cle five of this act.

26 § 39. Subdivision (a) of section 532 of the family court act, as
27 amended by chapter 214 of the laws of 1998, is amended to read as
28 follows:

29 (a) The court shall advise the parties of their right to one or more
30 genetic marker tests or DNA tests and, on the court's own motion or the
31 motion of any party, shall order the mother, her child and the alleged
32 father to submit to one or more genetic marker or DNA tests of a type
33 generally acknowledged as reliable by an accreditation body [~~designated~~
34 ~~by the secretary of the federal department of health and human services~~]
35 and performed by a laboratory approved by such an accreditation body and
36 by the commissioner of health or by a duly qualified physician to aid in
37 the determination of whether the alleged father is or is not the father
38 of the child. No such test shall be ordered, however, upon a written
39 finding by the court that it is not in the best interests of the child
40 on the basis of res judicata, equitable estoppel, or the presumption of
41 legitimacy of a child born to a married woman. The record or report of
42 the results of any such genetic marker or DNA test ordered pursuant to
43 this section or pursuant to section one hundred eleven-k of the social
44 services law shall be received in evidence by the court pursuant to
45 subdivision (e) of rule forty-five hundred eighteen of the civil prac-
46 tice law and rules where no timely objection in writing has been made
47 thereto and that if such timely objections are not made, they shall be
48 deemed waived and shall not be heard by the court. If the record or
49 report of the results of any such genetic marker or DNA test or tests
50 indicate at least a ninety-five percent probability of paternity, the
51 admission of such record or report shall create a rebuttable presumption
52 of paternity, and shall establish, if unrebutted, the paternity of and
53 liability for the support of a child pursuant to this article and arti-
54 cle four of this act.

1 § 40. Paragraph (iv) of subdivision (d-1) of section 756-a of the
2 family court act, as amended by section 14-a of part K of chapter 56 of
3 the laws of 2019, is amended to read as follows:

4 (iv) whether and when the child: (A) will be returned to the parent;
5 (B) should be placed for adoption with the social services official
6 filing a petition for termination of parental rights; (C) should be
7 referred for legal guardianship; (D) should be placed permanently with a
8 fit and willing relative; or (E) should be placed in another planned
9 permanent living arrangement with a significant connection to an adult
10 willing to be a permanency resource for the child if the child is age
11 sixteen or older and (1) the social services official has documented to
12 the court: (I) intensive, ongoing, and, as of the date of the hearing,
13 unsuccessful efforts made by the social services district to return the
14 child home or secure a placement for the child with a fit and willing
15 relative including adult siblings, a legal guardian, or an adoptive
16 parent, including through efforts that utilize search technology includ-
17 ing social media to find biological family members for children, (II)
18 the steps the social services district is taking to ensure that (A) the
19 child's foster family home or child care facility is following the
20 reasonable and prudent parent standard in accordance with [~~guidance
21 provided by the United States department of health and human services~~]
22 nationally recognized best practices, and (B) the child has regular,
23 ongoing opportunities to engage in age or developmentally appropriate
24 activities including by consulting with the child in an age-appropriate
25 manner about the opportunities of the child to participate in activ-
26 ities; and (2) the social services district has documented to the court
27 and the court has determined that there are compelling reasons for
28 determining that it continues to not be in the best interest of the
29 child to return home, be referred for termination of parental rights and
30 placed for adoption, placed with a fit and willing relative, or placed
31 with a legal guardian; and (3) the court has made a determination
32 explaining why, as of the date of the hearing, another planned living
33 arrangement with a significant connection to an adult willing to be a
34 permanency resource for the child is the best permanency plan for the
35 child; and

36 § 41. Subdivisions 4 and 6 of section 11-c of the volunteer ambulance
37 workers' benefit law, as added by chapter 603 of the laws of 2006, are
38 amended to read as follows:

39 4. For the purposes of this section, the term "significant risk of
40 transmission" means the alleged conduct or actions taken by a victim or
41 patient or any other action, situation or event that occurs while a
42 volunteer ambulance worker is performing services in the line of duty
43 that has created a recognized and significant risk of infection of a
44 volunteer ambulance worker with the human immunodeficiency virus (HIV),
45 as determined by the commissioner of health, consistent with nationally
46 recognized clinical practice guidelines, protocols, and findings [~~of the
47 United States centers for disease control and prevention~~].

48 6. The commissioner of health shall issue guidelines to facilitate the
49 identification of circumstances potentially exposing a volunteer ambu-
50 lance worker to a significant risk of transmission of the human immuno-
51 deficiency virus (HIV). Such guidelines shall be consistent with
52 nationally recognized clinical practice criteria [~~accepted by the feder-
53 al centers for disease control and prevention~~]. Such guidelines shall
54 also provide information regarding related counseling and testing proce-
55 dures available to such individuals.

1 § 42. Subdivisions 4 and 6 of section 11-c of the volunteer firefight-
2 ers' benefit law, as added by chapter 603 of the laws of 2006, are
3 amended to read as follows:

4 4. For the purposes of this section, the term "significant risk of
5 transmission" means the alleged conduct or actions taken by a victim or
6 patient or any other action, situation or event that occurs while a
7 volunteer firefighter is performing services in the line of duty that
8 has created a recognized and significant risk of infection of a volun-
9 teer firefighter with the human immunodeficiency virus (HIV), as deter-
10 mined by the commissioner of health, consistent with nationally recog-
11 nized clinical practice guidelines, protocols, and findings [~~of the~~
12 ~~United States centers for disease control and prevention~~].

13 6. The commissioner of health shall issue guidelines to facilitate the
14 identification of circumstances potentially exposing a volunteer fire-
15 fighter to a significant risk of transmission of the human immunodefici-
16 ency virus (HIV). Such guidelines shall be consistent with nationally
17 recognized clinical practice criteria [~~accepted by the federal centers~~
18 ~~for disease control and prevention~~]. Such guidelines shall also provide
19 information regarding related counseling and testing procedures avail-
20 able to such individuals.

21 § 43. Subdivision 1 of section 169 of the workers' compensation law,
22 as added by chapter 559 of the laws of 2022, is amended to read as
23 follows:

24 1. The board shall accept the certifications [~~of the Centers for~~
25 ~~Disease Control and Prevention World Trade Center Health Program~~] as
26 determined by the commissioner of health as presumptive evidence of
27 causation of certified illnesses pursuant to 42 USC 300mm for claims
28 filed for conditions of impairment of health or death pursuant to a
29 qualifying condition.

30 § 44. This act shall take effect immediately.