

STATE OF NEW YORK

9077--A

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 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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, the workers' compensation law and the state administrative procedure act, 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

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

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

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

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

1 is safe; and (D) meets other requirements as determined by the commis-
2 sioner of health; without consideration or inquiry of any other criteria
3 or guidelines, including those of the advisory committee on immunization
4 practices of the centers for disease control and prevention or a succes-
5 sor. For the purposes of this section, the absence of any issuance of
6 additional guidelines from the commissioner of health shall create a
7 presumption that there are no additional requirements to satisfy the
8 criteria for administration of immunization for COVID-19. Nothing in
9 this subdivision shall authorize unlicensed persons to administer immun-
10 izations, vaccines or other drugs, nor authorize licensed persons to
11 administer immunizations, vaccines or other drugs not approved by the
12 federal food and drug administration.

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

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

1 § 4. Paragraph (e) of subdivision 2 of section 6801 of the education
2 law, as amended by section 1 of part DD of chapter 57 of the laws of
3 2018, is amended to read as follows:

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

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

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

16 [~~a~~] (a) a clearly visible posting of the most current [~~"Recommended~~
17 ~~Adult Immunization Schedule" published by the advisory committee for~~
18 ~~immunization practices (ACIP)~~] recommended adult immunization schedule
19 according to nationally recognized clinical practice guidelines; and

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

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

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

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

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

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

41 (a) In assessing and reporting on the impact of section sixty-eight
42 hundred one of the education law, pursuant to subdivision four of such
43 section the commissioner may use: (1) influenza vaccine supply data from
44 the federal centers for disease control and prevention if the commis-
45 sioner determines such data is valid; (2) pneumococcal vaccine supply
46 data provided by manufacturers and distributors of such vaccine; and (3)
47 data from a third party entity that engages in the collection of data
48 and tracking of pharmaceutical sales and distribution. Manufacturers and
49 distributors of pneumococcal vaccine shall provide or arrange for the
50 timely provision to the commissioner of such data as the commissioner
51 may reasonably request to complete the report. Provider and customer
52 identifiable information submitted pursuant to this paragraph shall be
53 confidential, unless the information provider consents to its release or
54 the commissioner determines disclosure is necessary to respond to an
55 imminent public health emergency.

1 § 9. The state administrative procedure act is amended by adding a new
2 section 208 to read as follows:

3 § 208. Any rules and regulations of any agency in effect as of the
4 effective date of this section which reference or direct the following
5 of guidelines of the United States centers for disease control and
6 prevention or any part, portion or committee thereof shall be deemed to
7 refer to nationally recognized clinical practices as defined in section
8 sixty-five hundred twenty-three-a of the education law.

9 § 10. The education law is amended by adding a new section 6523-a to
10 read as follows:

11 § 6523-a. Nationally recognized clinical practice, defined.
12 "Nationally recognized clinical practice" shall mean a clinical
13 approach, methodology, or standard of care that is widely accepted and
14 utilized by licensed health care professionals across the United States,
15 based on peer-reviewed scientific evidence and professional consensus,
16 which may not be consistent with guidelines issued by a federal agency
17 or other organization if such guidelines conflict with peer-reviewed
18 scientific evidence and professional consensus. The commissioner may
19 issue determinations of nationally recognized clinical practice,
20 provided, however, that the absence of such a determination shall not
21 imply requirement to adhere to guidelines issued by a federal agency or
22 other organization if such guidelines conflict with peer-reviewed scien-
23 tific evidence and professional consensus.

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

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

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

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

44 § 13. Section 2170 of the public health law, as amended by chapter
45 109 of the laws of 2004, is amended to read as follows:

46 § 2170. Hepatitis C; educational materials. The commissioner shall
47 develop and make available to physicians, other health care providers,
48 veterans and other persons at high risk for hepatitis C educational
49 materials, in written and electronic forms, on the diagnosis, treatment
50 and prevention of hepatitis C. Such materials shall include the recom-
51 mendations of [~~the federal Centers for Disease Control and Prevention~~
52 ~~and any other person or entity] any persons or entities having knowledge
53 on hepatitis C, including the American Liver Foundation. Such materials
54 shall be written in terms which are understandable by members of the
55 general public.~~

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

4 1. Notwithstanding any other provision of law and consistent with
5 section two thousand three hundred five of this title, a health care
6 practitioner (who is authorized under title eight of the education law
7 to diagnose and prescribe drugs for sexually transmitted chlamydia
8 trachomatis infection and other sexually transmitted infections, acting
9 within [~~his or her~~] their lawful scope of practice) who diagnoses a
10 sexually transmitted chlamydia trachomatis infection or other sexually
11 transmitted infection in an individual patient may prescribe, dispense,
12 furnish, or otherwise provide prescription antibiotic drugs for the
13 sexually transmitted infections for which [~~the Centers for Disease~~
14 ~~Control and Prevention recommends~~] nationally recognized clinical prac-
15 tice guidelines recommend the use of expedited partner therapy to that
16 patient's sexual partner or partners without examination of that
17 patient's partner or partners.

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

26 § 15. Subdivision 1 of section 2 of the public health law is amended
27 by adding a new paragraph (o) to read as follows:

28 (o) Nationally recognized clinical practice. The term "nationally
29 recognized clinical practice" shall have the same meaning as set forth
30 in section sixty-five hundred twenty-three-a of the education law.

31 § 16. Paragraph c of subdivision 2 of section 2164 of the public
32 health law, as added by chapter 401 of the laws of 2015, is amended to
33 read as follows:

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

45 § 17. Paragraph d of subdivision 1 and subdivision 8 of section 2165
46 of the public health law, as added by chapter 405 of the laws of 1989,
47 are amended to read as follows:

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

54 8. If any licensed physician or nurse practitioner certifies that such
55 immunization may be detrimental to the person's health or is otherwise
56 medically contraindicated pursuant to nationally recognized clinical

1 practice guidelines, the requirements of this section shall be inappli-
2 cable until such immunization is found no longer to be detrimental to
3 such person's health or is no longer medically contraindicated.

4 § 18. Subdivision 11-a of section 2168 of the public health law, as
5 amended by chapter 109 of the laws of 2023, is amended to read as
6 follows:

7 11-a. The commissioner, or in the city of New York, the commissioner
8 of the department of health and mental hygiene, may only share registry
9 information maintained by the department, or in the case of the citywide
10 immunization registry, the city of New York under the provisions of this
11 section [~~with the federal Centers for Disease Control and Prevention, or~~
12 ~~successor agency~~] pursuant to federal law or as determined by the
13 commissioner, for public health purposes in summary, statistical, aggre-
14 gate, or other form such that no individual person can be identified,
15 except that either such commissioner may disclose identifiable regis-
16 trant information to the federal Centers for Disease Control and
17 Prevention, or its successor agency, when the commissioner has deter-
18 mined that the disclosure is in the best interests of the registrant or
19 will contribute to the protection of public health and that the objec-
20 tive of the disclosure cannot be served by disclosure limited to de-i-
21 dentified information, or the federal health officials have committed in
22 writing not to redisclose to or share registrant information with any
23 other federal agency, including but not limited to the department of
24 homeland security, immigration and customs enforcement, customs and
25 border protection, or any successor agency, or any law enforcement agen-
26 cy; provided that either such commissioner may forgo the written commit-
27 ment if requiring written commitment would result in the actual with-
28 holding of federal funds.

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

32 1. The program shall be designed to prevent and reduce the incidence
33 and prevalence of obesity in children and adolescents, especially among
34 populations with high rates of obesity and obesity-related health
35 complications including, but not limited to, diabetes, heart disease,
36 cancer, osteoarthritis, asthma, emphysema, chronic bronchitis, other
37 chronic respiratory diseases and other conditions. The program shall use
38 [~~recommendations~~] nationally recognized clinical practices and goals [~~of~~
39 ~~the United States departments of agriculture and health and human~~
40 ~~services, the surgeon general and centers for disease control and~~
41 ~~prevention~~] in developing and implementing guidelines for nutrition
42 education and physical activity projects as part of obesity prevention
43 efforts. The content and implementation of the program shall stress the
44 benefits of choosing a balanced, healthful diet from the many options
45 available to consumers, without specifically targeting the elimination
46 of any particular food group, food product or food-related industry.

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

51 (A) to update authorized family members and resident representatives
52 of infected residents at least once per day and upon a change in a resi-
53 dent's condition and at least once a week to update all residents and
54 authorized families and resident representatives on the number of
55 infections and deaths at the facility, and to update all residents,
56 authorized family members, and resident representatives at the facility

1 not later than five o'clock p.m. the next calendar day following the
2 detection of a confirmed infection of a resident or staff member, or at
3 such earlier time [~~as guidance from the federal centers for Medicaid and~~
4 ~~medicare services or centers for disease control and prevention may~~
5 ~~provide~~] in accordance with nationally recognized best practices, by
6 electronic or such other means as may be selected by each resident,
7 authorized family member or resident representative; and

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

14 § 21. Paragraph (a) of subdivision 5 of section 2803-j of the public
15 health law, as added by chapter 62 of the laws of 1996, is amended to
16 read as follows:

17 (a) The commissioner shall establish an immunization schedule for
18 newborn children. The immunization schedule shall chart out recommended
19 immunizations against certain diseases and illnesses and age-appropriate
20 times for the administration of each immunization. The immunization
21 schedule shall also include information on the importance of getting
22 children immunized at the recommended ages. The immunization schedule
23 shall also include the toll-free telephone number operated by the
24 department as part of its immunization education efforts. The immuniza-
25 tion schedule shall be in accordance with recommendations established by
26 the New York state department of health [~~and the immunization practices~~
27 ~~advisory committee of the United States department of health and human~~
28 ~~services~~].

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

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

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

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

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

42 13. Social services districts shall provide all applicants and recipi-
43 ents of public assistance with children five years of age or less with
44 information and a schedule regarding age-appropriate immunizations for
45 children in accordance with [~~the recommendations of the department of~~
46 ~~health and the immunization practices advisory committee of the United~~
47 ~~States department of health and human services~~] nationally recognized
48 clinical practices. The telephone number of the local county health
49 department shall be included on the immunization schedule.

50 § 25. Paragraphs (q) and (ff) of subdivision 2 of section 365-a of the
51 social services law, paragraph (q) as amended by section 35 of part B of
52 chapter 58 of the laws of 2010, and paragraph (ff) as added by section 1
53 of part C of chapter 57 of the laws of 2019, are amended to read as
54 follows:

55 (q) diabetes self-management training services for persons diagnosed
56 with diabetes when such services are ordered by a physician, registered

1 physician assistant, registered nurse practitioner, or licensed midwife
2 and provided by a licensed, registered, or certified health care profes-
3 sional, as determined by the commissioner of health, who is certified as
4 a diabetes educator by the National Certification Board for Diabetes
5 Educators, or a successor national certification board, or provided by
6 such a professional who is affiliated with a program certified by the
7 American Diabetes Association, the American Association of Diabetes
8 Educators, the Indian Health Services, or any other national accredi-
9 tation organization approved by the [~~federal centers for medicare and~~
10 ~~medicaid services~~] the commissioner of health; provided, however, that
11 the provisions of this paragraph shall not take effect unless all neces-
12 sary approvals under federal law and regulation have been obtained to
13 receive federal financial participation in the costs of health care
14 services provided pursuant to this paragraph. Nothing in this paragraph
15 shall be construed to modify any licensure, certification or scope of
16 practice provision under title eight of the education law.

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

21 § 26. Paragraph (b) of subdivision 1 of section 365-k of the social
22 services law, as amended by chapter 41 of the laws of 2023, is amended
23 to read as follows:

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

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

35 (i) Medical assistance is available under this paragraph to persons
36 who are under sixty-five years of age, have been screened for breast
37 and/or cervical cancer under [~~the Centers for Disease Control and~~
38 ~~Prevention breast and cervical cancer early detection program]~~
39 nationally recognized clinical practice guidelines and need treatment
40 for breast or cervical cancer, and are not otherwise covered under cred-
41 itable coverage as defined in the federal public health service act;
42 provided however that medical assistance shall be furnished pursuant to
43 this clause only to the extent permitted under federal law, if, for so
44 long as, and to the extent that federal financial participation is
45 available therefor. For the purposes of this section, "nationally
46 recognized clinical practice" shall have the same meaning as set forth
47 in section sixty-five hundred twenty-three-a of the education law.

48 § 28. Paragraph (d) of subdivision 1 and subdivision 4 of section 178
49 of the civil service law, as added by chapter 390 of the laws of 2005,
50 are amended to read as follows:

51 (d) "Significant risk of transmission" means the alleged conduct of or
52 actions taken by an assailant or any other action, situation or event
53 that occurs while a public protection official is performing [~~his or~~
54 ~~her~~] their official duties that has created a recognized and significant
55 risk of infection of a public protection official with the human immuno-
56 deficiency virus (HIV), as determined by the commissioner of health,

1 consistent with guidelines, protocols, and findings of [~~the United~~
2 ~~States centers for disease control and prevention~~] nationally recog-
3 nized clinical practices as defined in section sixty-five hundred
4 twenty-three-a of the education law.

5 4. Guidelines. The commissioner of health shall issue guidelines to
6 facilitate the identification of circumstances potentially exposing a
7 public protection official to a significant risk of transmission of the
8 human immunodeficiency virus (HIV). Such guidelines shall be consistent
9 with nationally recognized clinical practice criteria [~~accepted by the~~
10 ~~federal centers for disease control and prevention~~]. Such guidelines
11 shall also provide information regarding related counseling and testing
12 procedures available to such individuals.

13 § 29. Subdivision 2 of section 930 of the labor law, as amended by
14 chapter 90 of the laws of 2015, is amended to read as follows:

15 2. "Mold" means any indoor multi-cellular fungi growth capable of
16 creating toxins that can cause pulmonary, respiratory, neurological or
17 other major illnesses after minimal exposure, as such exposure is
18 defined by [~~the environmental protection agency, centers for disease~~
19 ~~control and prevention, national institute of health, or other~~] any
20 federal, state, or local agency or organization as determined by the
21 commissioner of health and organized to study and/or protect human
22 health.

23 § 30. Paragraph 2 of subsection (d) of section 2611 of the insurance
24 law, as added by chapter 584 of laws of 1988, is amended to read as
25 follows:

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

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

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

38 (e) Solicit, receive, and review applications from public and private
39 agencies and organizations and qualified research institutions for
40 grants from the breast cancer research and education fund, created
41 pursuant to section ninety-seven-yy of the state finance law, to conduct
42 research or educational programs which focus on the causes, prevention,
43 screening, treatment and cure of breast cancer and may include, but are
44 not limited to mapping of breast cancer, and basic, behavioral, clin-
45 ical, demographic, environmental, epidemiologic and psychosocial
46 research. The board shall make recommendations to the commissioner, and
47 the commissioner shall, in [~~his or her~~] their discretion, grant approval
48 of applications for grants from those applications recommended by the
49 board. The board shall consult with [~~the Centers for Disease Control and~~
50 ~~Prevention, the National Institutes of Health, the Federal Agency For~~
51 ~~Health Care Policy and Research, the National Academy of Sciences,~~]
52 breast cancer advocacy groups[~~7~~] and other organizations or entities
53 which may be involved in breast cancer research to solicit both informa-
54 tion regarding breast cancer research projects that are currently being
55 conducted and recommendations for future research projects. As used in
56 this section, "qualified research institution" may include academic

1 medical institutions, state or local government agencies, public or
2 private organizations within this state, and any other institution
3 approved by the department, which is conducting a breast cancer research
4 project or educational program. If a board member submits an application
5 for a grant from the breast cancer research and education fund, [~~he or~~
6 ~~she~~] they shall be prohibited from reviewing and making a recommendation
7 on the application;

8 § 32. Subsection (a) of section 107 of the insurance law is amended by
9 adding a new paragraph 56 to read as follows:

10 56. "Nationally recognized clinical practice" shall have the same
11 definition as set forth in section sixty-five hundred twenty-three-a of
12 the education law.

13 § 33. Item (iv) of subparagraph (A) of paragraph 12 of subsection (i)
14 of section 3216 of the insurance law, as amended by chapter 357 of the
15 laws of 2010, is amended to read as follows:

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

21 § 34. Item (ii) of subparagraph (E) of paragraph 17 of subsection (i)
22 of section 3216 of the insurance law, as amended by chapter 219 of the
23 laws of 2011, is amended to read as follows:

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

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

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

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

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

43 § 37. Subparagraph (B) of paragraph 3 of subsection (j) of section
44 4303 of the insurance law, as added by chapter 219 of the laws of 2011,
45 is amended to read as follows:

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

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

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

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

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

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

10 (4) where executed, agreements establishing formal relationships with
11 designated collaborating organizations to provide certain certified
12 community behavioral health clinic services[~~, consistent with guidance
13 issued by the United States department of health and human services
14 substance abuse and mental health services administration and the office
15 of mental health and the office of addiction services and supports~~];

16 § 41. Subdivision (a) of section 418 of the family court act, as
17 amended by chapter 214 of the laws of 1998, is amended to read as
18 follows:

19 (a) The court, on its own motion or motion of any party, when paterni-
20 ty is contested, shall order the mother, the child and the alleged
21 father to submit to one or more genetic marker or DNA marker tests of a
22 type generally acknowledged as reliable by an accreditation body [~~desig-
23 nated by the secretary of the federal department of health and human
24 services~~] and performed by a laboratory approved by such an accredi-
25 tation body and by the commissioner of health or by a duly qualified
26 physician to aid in the determination of whether the alleged father is
27 or is not the father of the child. No such test shall be ordered, howev-
28 er, upon a written finding by the court that it is not in the best
29 interests of the child on the basis of res judicata, equitable estoppel
30 or the presumption of legitimacy of a child born to a married woman. The
31 record or report of the results of any such genetic marker or DNA test
32 shall be received in evidence, pursuant to subdivision (e) of rule
33 forty-five hundred eighteen of the civil practice law and rules where no
34 timely objection in writing has been made thereto. Any order pursuant to
35 this section shall state in plain language that the results of such test
36 shall be admitted into evidence, pursuant to rule forty-five hundred
37 eighteen of the civil practice law and rules absent timely objections
38 thereto and that if such timely objections are not made, they shall be
39 deemed waived and shall not be heard by the court. If the record or
40 report of results of any such genetic marker or DNA test or tests indi-
41 cate at least a ninety-five percent probability of paternity, the admis-
42 sion of such record or report shall create a rebuttable presumption of
43 paternity, and, if un rebutted, shall establish the paternity of and
44 liability for the support of a child pursuant to this article and arti-
45 cle five of this act.

46 § 42. Subdivision (a) of section 532 of the family court act, as
47 amended by chapter 214 of the laws of 1998, is amended to read as
48 follows:

49 (a) The court shall advise the parties of their right to one or more
50 genetic marker tests or DNA tests and, on the court's own motion or the
51 motion of any party, shall order the mother, her child and the alleged
52 father to submit to one or more genetic marker or DNA tests of a type
53 generally acknowledged as reliable by an accreditation body [~~designated
54 by the secretary of the federal department of health and human services~~]
55 and performed by a laboratory approved by such an accreditation body and
56 by the commissioner of health or by a duly qualified physician to aid in

1 the determination of whether the alleged father is or is not the father
2 of the child. No such test shall be ordered, however, upon a written
3 finding by the court that it is not in the best interests of the child
4 on the basis of res judicata, equitable estoppel, or the presumption of
5 legitimacy of a child born to a married woman. The record or report of
6 the results of any such genetic marker or DNA test ordered pursuant to
7 this section or pursuant to section one hundred eleven-k of the social
8 services law shall be received in evidence by the court pursuant to
9 subdivision (e) of rule forty-five hundred eighteen of the civil prac-
10 tice law and rules where no timely objection in writing has been made
11 thereto and that if such timely objections are not made, they shall be
12 deemed waived and shall not be heard by the court. If the record or
13 report of the results of any such genetic marker or DNA test or tests
14 indicate at least a ninety-five percent probability of paternity, the
15 admission of such record or report shall create a rebuttable presumption
16 of paternity, and shall establish, if unrebutted, the paternity of and
17 liability for the support of a child pursuant to this article and arti-
18 cle four of this act.

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

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

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

1 4. For the purposes of this section, the term "significant risk of
2 transmission" means the alleged conduct or actions taken by a victim or
3 patient or any other action, situation or event that occurs while a
4 volunteer ambulance worker is performing services in the line of duty
5 that has created a recognized and significant risk of infection of a
6 volunteer ambulance worker with the human immunodeficiency virus (HIV),
7 as determined by the commissioner of health, consistent with guidelines,
8 protocols, and findings of [~~the United States centers for disease~~
9 ~~control and prevention~~] nationally recognized clinical practices as such
10 term is defined in section sixty-five hundred twenty-three-a of the
11 education law.

12 6. The commissioner of health shall issue guidelines to facilitate the
13 identification of circumstances potentially exposing a volunteer ambu-
14 lance worker to a significant risk of transmission of the human immuno-
15 deficiency virus (HIV). Such guidelines shall be consistent with crite-
16 ria [~~accepted by the federal centers for disease control and prevention~~]
17 of nationally recognized clinical practices as such term is defined in
18 section sixty-five hundred twenty-three-a of the education law. Such
19 guidelines shall also provide information regarding related counseling
20 and testing procedures available to such individuals.

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

24 4. For the purposes of this section, the term "significant risk of
25 transmission" means the alleged conduct or actions taken by a victim or
26 patient or any other action, situation or event that occurs while a
27 volunteer firefighter is performing services in the line of duty that
28 has created a recognized and significant risk of infection of a volun-
29 teer firefighter with the human immunodeficiency virus (HIV), as deter-
30 mined by the commissioner of health, consistent with guidelines, proto-
31 cols, and findings of [~~the United States centers for disease control and~~
32 ~~prevention~~] nationally recognized clinical practices as such term is
33 defined in section sixty-five hundred twenty-three-a of the education
34 law.

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

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

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

52 § 47. This act shall take effect immediately.