

STATE OF NEW YORK

4640--A

2025-2026 Regular Sessions

IN SENATE

February 10, 2025

Introduced by Sen. FERNANDEZ -- read twice and ordered printed, and when printed to be committed to the Committee on Alcoholism and Substance Use Disorders -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to onsite overdose response services and requiring certain locations and venues to maintain a supply of opioid antagonists

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

1 Section 1. Subdivisions 1, 3, 4 and 8 of section 3309 of the public
2 health law, subdivisions 1 and 3 as amended by chapter 42 of the laws of
3 2014, subparagraph (iv) of paragraph (a) of subdivision 3 and subdivi-
4 sion 4 as amended and subparagraph (v) of paragraph (a) of subdivision 3
5 as added by chapter 148 of the laws of 2020, subparagraph (vi) of para-
6 graph (a) of subdivision 3 and subdivision 8 as added by chapter 83 of
7 the laws of 2023, and subparagraph (v) of paragraph (b) of subdivision 3
8 as added by chapter 65 of the laws of 2016, are amended to read as
9 follows:

10 1. The commissioner is authorized to establish standards for approval
11 of any opioid overdose prevention program, onsite overdose response
12 services, and opioid antagonist prescribing, dispensing, distribution,
13 possession and administration pursuant to this section which may
14 include, but not be limited to, standards for program directors, appro-
15 priate clinical oversight, training, record keeping and reporting.

16 3. (a) As used in this section:

17 (i) "Opioid antagonist" means a drug approved by the Food and Drug
18 Administration that, when administered, negates or neutralizes in whole
19 or in part the pharmacological effects of an opioid in the body. "Opioid
20 antagonist" shall be limited to naloxone and other medications approved
21 by the department for such purpose.

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

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1 (ii) "Health care professional" means a person licensed, registered or
2 authorized pursuant to title eight of the education law to prescribe
3 prescription drugs.

4 (iii) "Pharmacist" means a person licensed or authorized to practice
5 pharmacy pursuant to article one hundred thirty-seven of the education
6 law.

7 (iv) "Opioid antagonist recipient" [~~or "recipient"~~] means a person at
8 risk of experiencing an opioid-related overdose, or a family member,
9 friend or other person in a position to assist a person experiencing or
10 at risk of experiencing an opioid-related overdose, or an organization
11 registered as an opioid overdose prevention program pursuant to this
12 section or any person or entity or any person employed by the person or
13 entity.

14 (v) As used in this section, "entity" includes, but is not limited to,
15 a health care institution, a not-for-profit charitable organization, a
16 school district, public library, board of cooperative educational
17 services, county vocational education and extension board, charter
18 school, non-public elementary or secondary school, restaurant, bar,
19 retail store, shopping mall, barber shop, beauty parlor, theater, sport-
20 ing or event center, inn, hotel [~~or~~], motel or public institutions or
21 buildings.

22 (vi) "Nightlife establishment" means an establishment that is open to
23 the public for entertainment or leisure, serves alcohol or where alcohol
24 is consumed on the premises, and conducts a large volume of business at
25 night. Such term includes, but is not limited to, bars, entertainment
26 venues, clubs and restaurants.

27 (vii) "Onsite overdose response services" means the provision of
28 trained staff who monitor for signs of overdose and respond to suspected
29 drug overdoses to prevent death and other negative health consequences
30 associated with drug use, including by administering opioid antagonists
31 when appropriate.

32 (b)(i) A health care professional may prescribe by a patient-specific
33 or non-patient-specific prescription, dispense or distribute, directly
34 or indirectly, an opioid antagonist to an opioid antagonist recipient.

35 (ii) A pharmacist may dispense an opioid antagonist, through a
36 patient-specific or non-patient-specific prescription pursuant to this
37 paragraph, to an opioid antagonist recipient.

38 (iii) An opioid antagonist recipient may possess an opioid antagonist
39 obtained pursuant to this paragraph, may distribute such opioid antag-
40 onist to [~~a~~] another opioid antagonist recipient, and may administer
41 such opioid antagonist to a person the opioid antagonist recipient
42 reasonably believes is experiencing an opioid overdose.

43 (iv) The provisions of this paragraph shall not be deemed to require a
44 prescription for any opioid antagonist that does not otherwise require a
45 prescription; nor shall it be deemed to limit the authority of a health
46 care professional to prescribe, dispense or distribute, or of a pharma-
47 cist to dispense, an opioid antagonist under any other provision of law.

48 (v) Any pharmacy with twenty or more locations in the state, shall
49 either: (1) pursue or maintain a non-patient-specific prescription with
50 an authorized health care professional to dispense an opioid antagonist
51 to a consumer upon request, as authorized by this section; or (2) regis-
52 ter with the department as an opioid overdose prevention program.

53 4. (a) Use of an opioid antagonist pursuant to this section shall be
54 considered first aid or emergency treatment for the purpose of any stat-
55 ute relating to liability.

1 (b) ~~[A]~~ An opioid antagonist recipient, recipient of onsite overdose
2 response services, entity providing onsite overdose response services,
3 opioid overdose prevention program, person or entity, or any person
4 employed by the person or entity, acting reasonably and in good faith in
5 compliance with this section, shall not be subject to criminal, civil or
6 administrative liability solely by reason of such action.

7 8. The commissioner shall establish guidelines for onsite ~~[opioid]~~
8 overdose response ~~[capacity]~~ services, including in nightlife establish-
9 ments, sporting or event centers, theaters, concert venues, and amuse-
10 ment parks. Such guidelines shall include, but not be limited to:

11 (a) maintaining a supply of unexpired opioid antagonist nasal spray;
12 and

13 (b) having employed and at such location whenever in operation at
14 least two persons trained in identifying opioid overdoses and using
15 opioid antagonists.

16 § 2. Subdivision 2 of section 3309-b of the public health law, as
17 amended by chapter 16 of the laws of 2024, is amended to read as
18 follows:

19 2. A health care professional, opioid overdose prevention program,
20 provider of onsite overdose response services, or pharmacist is author-
21 ized to dispense drug adulterant testing supplies to any person.

22 § 3. Section 3000-a of the public health law, as amended by chapter 69
23 of the laws of 1994, and subdivision 2 as amended by chapter 373 of the
24 laws of 2016, is amended to read as follows:

25 § 3000-a. Emergency medical treatment. 1. Except as provided in subdi-
26 vision six of section six thousand six hundred eleven, subdivision two
27 of section six thousand five hundred twenty-seven, subdivision one of
28 section six thousand nine hundred nine and sections six thousand five
29 hundred forty-seven and six thousand seven hundred thirty-seven of the
30 education law, any person who voluntarily and without expectation of
31 monetary compensation renders first aid or emergency treatment, includ-
32 ing but not limited to the use of resuscitation equipment that facili-
33 tates first aid, an automated external defibrillator, an epinephrine
34 auto-injector device, or an opioid antagonist, at the scene of an acci-
35 dent or other emergency outside a hospital, doctor's office or any other
36 place having proper and necessary medical equipment, to a person who is
37 unconscious, ill, or injured, shall not be liable for damages for inju-
38 ries alleged to have been sustained by such person or for damages for
39 the death of such person alleged to have occurred by reason of an act or
40 omission in the rendering of such emergency treatment unless it is
41 established that such injuries were or such death was caused by gross
42 negligence on the part of such person. Nothing in this section shall be
43 deemed or construed to relieve a licensed physician, dentist, nurse,
44 physical therapist or registered physician's assistant from liability
45 for damages for injuries or death caused by an act or omission on the
46 part of such person while rendering professional services in the normal
47 and ordinary course of ~~[his or her]~~ such person's practice.

48 2. (i) Any person or entity that purchases, operates, facilitates
49 implementation or makes available resuscitation equipment that facili-
50 tates first aid, an automated external defibrillator, an opioid antag-
51 onist, pursuant to section thirty-three hundred nine of this chapter, or
52 an epinephrine auto-injector device as required by or pursuant to law or
53 local law, or that conducts training under section three thousand-c of
54 this article, or (ii) an emergency health care provider under a collabo-
55 rative agreement pursuant to section three thousand-b of this article
56 with respect to an automated external defibrillator, ~~[or]~~ (iii) a health

1 care practitioner that prescribes, dispenses or provides an epinephrine
2 auto-injector device under section three thousand-c of this article, or
3 (iv) a health care practitioner that prescribes, dispenses or provides
4 an opioid antagonist shall not be liable for damages arising either from
5 the use of that equipment by a person who voluntarily and without expect-
6 tation of monetary compensation renders first aid or emergency treatment
7 at the scene of an accident or medical emergency, or from the use of
8 defectively manufactured equipment; provided that this subdivision shall
9 not limit the person's or entity's, the emergency health care provid-
10 er's, or other health care practitioner's liability for [~~his, her or~~
11 ~~its~~] such person or entity's own negligence, gross negligence or inten-
12 tional misconduct.

13 § 4. This act shall take effect immediately.