

STATE OF NEW YORK

8587--A

2025-2026 Regular Sessions

IN SENATE

November 19, 2025

Introduced by Sen. GOUNARDES -- read twice and ordered printed, and when printed to be committed to the Committee on Rules -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring epinephrine devices for anaphylaxis and staff trained to use them at child day care centers

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

1 Section 1. Section 2500-h of the public health law, as amended by
2 chapter 254 of the laws of 2019, is renumbered section 2500-h-1.

3 § 2. Paragraphs (b), (e), and (f) of subdivision 2 and subdivision 3
4 of section 2500-h-1 of the public health law, as amended and paragraph
5 (f) of subdivision 2 as added by chapter 254 of the laws of 2019 and
6 such section as renumbered by section one of this act, are amended, four
7 new paragraphs (b-1), (g), (h), and (i) are added to subdivision 2 and a
8 new subdivision 6 is added to read as follows:

9 (b) a training course for appropriate school and child day care
10 personnel for preventing and responding to anaphylaxis. The commission-
11 er shall, in consultation with the commissioner of children and family
12 services and the commissioner of education, consider existing training
13 programs for responding to anaphylaxis in order to avoid duplicative
14 training requirements. Such pre-existing program shall fulfill the
15 requirement for a training course pursuant to this subdivision if the
16 standards of such pre-existing program are deemed by the commissioner to
17 be at least as stringent as the standards promulgated by the commission-
18 er in the development of the training course by the state.

19 (b-1) the requirement that at least one staff member trained to admin-
20 ister an epinephrine device shall be present at all times at all child
21 day care facilities while any children are present. Such training shall
22 be completed in a form and manner prescribed by the commissioner in
23 regulation, and shall include, but not be limited to:

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

LBD13596-06-6

(i) how to recognize the signs and symptoms of severe allergic reactions and anaphylaxis;

(ii) the recommended weight-based dosage of epinephrine devices for infants, toddlers, children, and adults;

(iii) standards and procedures for the storage and use of epinephrine devices; and

(iv) emergency follow-up procedures;

(e) strategies for the reduction of the risk of exposure to anaphylactic causative agents, including food and other allergens; ~~[and]~~

(f) a communication plan for discussion with children that have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food~~[-]~~;

(g) the requirement that all child day care providers maintain on site at least two epinephrine devices, as defined by section three thousand-c of this chapter, in dosages deemed appropriate by the commissioner for children in the care of such child day care providers. At least one staff member shall be designated to oversee the storage, maintenance, control, and disposal of such epinephrine devices to ensure such epinephrine devices remain available for use and in unexpired, operable condition. The office of children and family services, in consultation with the department, shall provide child day care providers information on how to obtain epinephrine devices. Such information shall only include free epinephrine devices at no cost through existing programs or services; and

(h) a plan to communicate any allergy-related illnesses, accidents, injuries, and epinephrine device administrations sustained by a child under the care of a child day care provider to such child's parent or guardian and reporting such incidents to the department within twenty-four hours of such incident.

(i) For the purposes of this section, "epinephrine device" shall have the same meaning as in section three thousand-c of this chapter.

3. (a) At least once per calendar year, schools shall send a notification to the parents and/or guardians of all children under the care of such schools to make them aware of such anaphylactic policies, as developed by the commissioner. For children under the care of the child day care providers, such notification shall be provided by the child day care provider when the child is enrolled and annually thereafter. Such notifications shall include contact information for parents and guardians to engage further with the school or child day care provider to learn more about individualized aspects of such policies.

(b) All child day care providers shall maintain an incident log to be available to the department by request. Such log shall maintain a record of any allergy-related illnesses, accidents, injuries, and epinephrine device administrations. Such log shall include, but not be limited to, the child's name and date of birth, the date and time of the incident, names and positions of staff members and other adults present, a brief statement describing the incident, any emergency treatment received, and if parents or guardians were notified or an attempt to notify was made.

6. The office of children and family services shall create informational materials outlining the anaphylaxis policy required by this section. The office of children and family services and the department shall post these materials on their respective websites within six months of the effective date of this subdivision.

§ 3. This act shall take effect on the one hundred eightieth day after it shall have become a law.