§ 206. Commissioner; general powers and duties. 1. The commissioner shall:

(a) take cognizance of the interests of health and life of the people of the state, and of all matters pertaining thereto and exercise the functions, powers and duties of the department prescribed by law;

(b) exercise general supervision over the work of all local boards of health and health officers, unless otherwise provided by law;

(c) exercise general supervision and control of the medical treatment of patients in the state institutions, public health centers and clinics in the department;

(d) investigate the causes of disease, epidemics, the sources of mortality, and the effect of localities, employments and other conditions, upon the public health;

(e) obtain, collect and preserve such information relating to marriage, birth, mortality, disease and health as may be useful in the discharge of his duties or may contribute to the promotion of health or the security of life in the state; establish rules and regulations for the determination of asymptomatic conditions including, but not limited to RH sensitivity, anemia, sickle cell anemia, cooley's anemia and venereal disease;

(f) enforce the public health law, the sanitary code and the provisions of the medical assistance program, or its successor, pursuant to titles eleven, eleven-A and eleven-B of the social services law, as amended by this chapter;

(g) cause to be made from time to time examinations and inspections of the sanitary conditions of each state institution and transmit copies of the reports and recommendations thereon to the head of the state department having jurisdiction over the institution examined;

(h) cause to be made from time to time, examinations and inspections of all labor camps and enforce the provisions of the sanitary code relating thereto;

(i) cause to be made, from time to time, examinations and inspections of all Indian reservations, and enforce all provisions of the sanitary code relating thereto.

(j) cause to be made such scientific studies and research which have for their purpose the reduction of morbidity and mortality and the improvement of the quality of medical care through the conduction of

medical audits within the state. In conducting such studies and research, the commissioner is authorized to receive reports on forms prepared by him and the furnishing of such information to the commissioner, or his authorized representatives, shall not subject any person, hospital, sanitarium, rest home, nursing home, or other person or agency furnishing such information to any action for damages or other relief. Such information when received by the commissioner, or his authorized representatives, shall be kept confidential and shall be used solely for the purposes of medical or scientific research or the improvement of the quality of medical care through the conduction of medical audits. Such information shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person.

(k) notwithstanding any other provision of law, with the advice and assistance of the commissioner of agriculture and markets, establish rules and regulations to require such treatment of food or food products, including the addition or removal of specific substances, as may be necessary for the protection of the public health against the hazards of ionizing radiation.

(l) establish and operate such adult and child immunization programs as are necessary to prevent or minimize the spread of disease and to protect the public health. Such programs may include the purchase and distribution of vaccines to providers and municipalities, the operation of public immunization programs, quality assurance for immunization related activities and other immunization related activities. The commissioner may promulgate such regulations as are necessary for the implementation of this paragraph. Nothing in this paragraph shall authorize mandatory immunization of adults or children, except as provided in sections twenty-one hundred sixty-four and twenty-one hundred sixty-five of this chapter.

(m) make such rules and regulations which may be necessary to require pre-employment physical examination and thereafter require such annual examinations of all hospital employees for discovery of tuberculosis and other communicable diseases as he deems necessary for the safety and well being of the people of the state.

(n) by rule and regulation establish criteria for identification of areas and conditions involving high risk of lead poisoning, specify

methods of detection of lead in dwellings, provide for the administration of prescribed tests for lead poisoning and the recording and reporting of the results thereof, and provide for professional and public education, as may be necessary for the protection of the public health against the hazards of lead poisoning.

(o) establish and publish a list of drug products, each of which shall meet the following conditions:

(1) The drug product has been certified or approved by the commissioner of the Federal Food and Drug Administration as being safe and effective for its labeled indications for use, and a new-drug application or an abbreviated new-drug application approved pursuant to the Federal Food, Drug, and Cosmetic Act is held for such drug product; and

(2) The commissioner of the Federal Food and Drug Administration has evaluated such drug product as:

(i) pharmaceutically and therapeutically equivalent and has listed such drug product on the list of approved drugs products with the therapeutic equivalence evaluations, provided, however, that the list prepared by the commissioner shall not include any drug product which the commissioner of the Federal Food and Drug Administration has identified as having an actual or potential bioequivalence problem; or

(ii) as an interchangeable biological product and has listed such product on the list of approved drug products with interchangeability.

(p) promulgate rules and regulations establishing procedures to be used in implementing the provisions of article thirteen-E of this chapter as limited by section thirteen hundred ninety-nine-x of article thirteen-E of this chapter. Such rules and regulations shall include, but not be limited to, such matters as may be required to ensure that the established procedures thereunder shall at least be in compliance with the relevant provisions of the code of fair procedure set forth in section seventy-three of the civil rights law.

(q) have the authority to carry out the provisions of section one hundred seventy-seven-a of the navigation law.

* (r) shall prepare for publication, and cause to be distributed by general hospitals to patients upon inpatient admission, a booklet containing the information and materials required to be distributed to patients pursuant to this chapter and federal law. Where reasonable and

appropriate, the booklet may summarize or describe information and materials required to be distributed to the patient, and how they may be obtained. The commissioner shall prepare and distribute to general hospitals physical, electronic or other materials from which the booklet can be produced. The commissioner shall revise and update such prepared booklet on a timely basis to reflect any changes in patient information and materials required to be distributed pursuant to law.

* NB There are 2 par. (r)'s

* (r) by rule and regulation, establish standards necessary and appropriate for the implementation of item (ii) of clause (a) of section three hundred twenty-two-c of the general business law. Such rules and regulations shall be approved by the New York state fire prevention and building code council.

* NB There are 2 par. (r)'s

(s) issue a readiness report to the legislature, detailing the status of the statewide health benefit exchange, state enrollment center, and state Medicaid enrollment center established under executive order number forty-two of two thousand twelve, by August thirtieth, two thousand thirteen. The readiness report may be provided in electronic format and shall be distributed to the temporary president of the senate, the speaker of the assembly, the chair of the senate standing committee on health, and the chair of the assembly health committee. The readiness report shall outline the progress and preparedness of the health benefit exchange, state enrollment center, and state Medicaid enrollment center and detail how the exchange, state enrollment center, and state Medicaid enrollment center will carry out their respective functions including but not limited to:

(i) the process by which the health benefit exchange, state enrollment center, and state Medicaid enrollment center will begin accepting applications on October first, two thousand thirteen;

(ii) the process by which the health benefit exchange, state enrollment center, and state Medicaid enrollment center will certify qualified health plans;

(iii) the anticipated cost of individual and small group plans being offered in the health benefit exchange;

(iv) the number of navigators approved;

(v) the plan for full operation by January first, two thousand

fourteen; and

(vi) the plan to become fiscally self-sustaining by January first, two thousand fifteen.

(t) The department shall submit as part of its annual report prepared pursuant to section one hundred sixty-four of the executive law, which may be submitted in electronic format, comprehensive information including, but not limited to, a detailed description of the department's mission, priorities and goals for the upcoming year, achievements of the past year, and any relevant data and statistics.

(u) The commissioner shall provide a written or electronic copy of any state plan amendment submitted to the centers for Medicare and Medicaid services to the chair of the senate standing committee on health and the chair of the assembly health committee, no later than five business days from the date of mailing or submission.

* (v) require, in consultation and cooperation with the superintendent of financial services, that every individual applying for health care coverage through the state health benefit exchange established pursuant to the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), be provided space so that such applicant may register in the "donate life registry" for organ, eye and tissue donations under section forty-three hundred ten of this chapter with the following stated in clear conspicuous type:

"Would you like to be added to the Donate Life Registry? Check box for 'yes' or 'skip this question'."

The commissioner shall not maintain records of any person who checks "skip this question". Except where the application is made in person or electronically, failure to check a box shall not impair the validity of an application, and failure to check "yes" or checking "skip this question" shall not be construed to imply a wish not to donate. In the case of an applicant under eighteen years of age, checking "yes" shall not constitute consent to make an anatomical gift or registration in the donate life registry. Where an applicant has previously consented to make an anatomical gift or registered in the donate life registry, checking "skip this question" or failing to check a box shall not impair that consent or registration.

* NB Effective until December 21, 2026

* (v) require, in consultation and cooperation with the superintendent of financial services, that every individual applying for health care coverage through the state health benefit exchange established pursuant to the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), be provided space so that such applicant may register in the "donate life registry" for organ, eye and tissue donations under section forty-three hundred ten of this chapter with the following stated in clear conspicuous type:

"Would you like to be added to the Donate Life Registry? Check box for 'yes' or 'skip this question'."

The commissioner shall not maintain records of any person who checks "skip this question". Except where the application is made in person or electronically, failure to check a box shall not impair the validity of an application, and failure to check "yes" or checking "skip this question" shall not be construed to imply a wish not to donate. In the case of an applicant under eighteen years of age, checking "yes" shall not constitute consent to make an anatomical gift or registration in the donate life registry, except as otherwise provided pursuant to the provisions of paragraph (b) of subdivision one of section forty-three hundred one of this chapter. Where an applicant has previously consented to make an anatomical gift or registered in the donate life registry, checking "skip this question" or failing to check a box shall not impair that consent or registration.

* NB Effective December 21, 2026

* NB There are 2 par (v)'s

* (v) by rule and regulation, cause the distribution of crib safety information. (1) The commissioner shall require that every hospital and birth center distribute at the time of discharge directly to each maternity patient and, upon request, to the general public an informational leaflet concerning crib safety. Such leaflet shall be designed by the commissioner in conjunction with the director of the division of consumer protection, on behalf of the consumer protection division, and shall contain information detailing safe sleeping procedures for babies, crib product recalls and disclosure of the

federal standards on the manufacture and sale of cribs.

(2) Such leaflet shall be made available to hospitals and birth centers by the department on its website and shall be provided in English, as well as the top six languages other than English spoken in the state according to the latest available data from the United States Bureau of Census.

(3) Hospital staff shall inquire whether the maternity patient has a new crib available for any newborns. If the maternity patients do not have a new crib available, hospital staff shall provide information about where to obtain a new crib, including social services agencies, non-profit service providers or other relevant organizations.

* NB There are 2 par (v)'s

* (w) require that every electronic health record vendor include and integrate components into their electronic health record products implemented for general hospitals in the state regulated under article twenty-eight of this chapter in such a manner to allow patients to register directly in the New York state "donate life registry" for organ, eye and tissue donations as provided for under section forty-three hundred ten of this chapter. Such registration shall be via a patient-facing portal, provided that, to protect patient confidentiality and prevent conflicts of interest, such electronic health record products do not retain or store patients' donor status information, and provided, further, that such electronic health record products meet standards as may be established by the commissioner, including, but not limited to, a standardized question allowing direct enrollment in the donate life registry and required data elements. Electronic health record vendors shall provide the integration of such elements without additional cost under this paragraph as a component of either existing or new implementations of their electronic health record products. Patient facing elements of these products shall include opportunities for patients to directly register in the "donate life registry" for organ, eye and tissue donations as a component of such elements.

* NB Effective December 21, 2026

2. The commissioner and any person authorized by him so to do, may, without fee or hindrance, enter, examine and survey all grounds,

erections, vehicles, structures, apartments, buildings and places.

3. The commissioner may, on behalf and in the interest of the health of the people of the state enter into such contracts or agreements with individuals, colleges, universities, associations, corporations, municipalities and other units of government as may be deemed necessary and advisable to carry out the general intent and purposes of the public health law and the sanitary code. Such contracts may provide for payment by the state, within the limit of funds available, for materials, equipment or services.

4. The commissioner may:

(a) issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before him, and may also require a witness to attend and give testimony in a county where he resides or has a place of business without the payment of any fees;

(b) annul or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects the public health beyond the territory over which such local board of health has jurisdiction;

(c) assess any penalty prescribed for a violation of or a failure to comply with any term or provision of this chapter or of any lawful notice, order or regulation pursuant thereto, not exceeding two thousand dollars for every such violation or failure, which penalty may be assessed after a hearing or an opportunity to be heard;

(d) assess civil penalties against a public water system which provides water to the public for human consumption through pipes or other constructed conveyances, as further defined in the state sanitary code or, in the case of mass gatherings, the person who holds or promotes the mass gathering as defined in subdivision five of section two hundred twenty-five of this article not to exceed twenty-five thousand dollars per day, for each violation of or failure to comply with any term or provision of the state sanitary code as it relates to public water systems that serve a population of five thousand or more persons or any mass gatherings, which penalty may be assessed after a hearing or an opportunity to be heard;

(e) issue a non-patient specific statewide standing order for the

provision of doula services for pregnant, birthing, and postpartum individuals through twelve months postpartum.

5. Subject to the provisions of the state finance law, the commissioner is authorized to take, and administer for the state any grant, gift or bequest to be applied, principal or income or both, for the purposes specified in such grant, to the maintenance and use of any hospital, institution or service in the department.

6. The commissioner may enter into contracts:

(a) with corporations duly licensed in the state of New York to transact the business of accident and health insurance to provide to sick and disabled persons insured by them such home care, including nursing and other paramedical services (excluding physicians' services) as may be needed by them;

(b) with hospital service corporations organized and operating in accordance with article forty-three of the insurance law to provide to their subscribers nursing service and such other paramedical services as would have been available in a hospital (excluding physicians' services) at rates which shall prior to payment be approved as to reasonableness by the superintendent of financial services;

(c) with any municipal corporation or local, state or federal agency to provide such home care, including nursing and other paramedical services (excluding physicians' services) as may be needed by sick and disabled persons;

(d) with medical expense indemnity corporations organized and operating in accordance with article forty-three of the insurance law to provide their subscribers with such home care, including nursing and other paramedical services, as may be needed by them at rates which shall prior to payment be approved as to reasonableness by the superintendent of financial services; and

(e) with any non-profit corporation, agency or association established for the purpose of improvement of health services or for the purpose of providing home care for sick and disabled persons, including nursing and other paramedical services (excluding physicians' services) as may be needed by such persons.

Such services may be provided by the state health commissioner by subcontract with a city or county rendering nursing and other paramedical services or any non-profit corporation, agency or association established for the purpose of the improvement of health services or for the purpose of providing home care for sick and disabled persons including nursing and other paramedical services (excluding physicians' services).

The state health commissioner shall establish the fees to be charged for such services to be rendered pursuant to such contracts and, upon receipt of such fees, shall remit the same to the comptroller.

7. The commissioner may establish fees for nursing and other paramedical services (excluding physicians' services) rendered to people sick at home.

Such services may be provided by the state health commissioner or by subcontract with a city or county rendering nursing and other paramedical services or any non-profit corporation, agency, or association established for the purpose of the improvement of health services or for the purpose of providing home care for sick and disabled persons including nursing and other paramedical services (excluding physicians' services).

8. Whenever, in this chapter, the commissioner is empowered to or charged with the responsibility to do or perform any act, he may deputize in writing any officer or employee in the department to do or perform the act in his place and stead.

9. The commissioner may deputize in writing any local health officer to do or perform in his place and stead those duties and responsibilities charged upon the commissioner by paragraphs (d), (g), (h) and (i) of subdivision one of this section, those duties of inspection and enforcement charged upon the commissioner by paragraph f of subdivision three of section six thousand five hundred fifty-eight of the education law and those duties of inspection and supervision charged upon the department by paragraphs (m), (n), (r) and (s) of subdivision

one of section two hundred one of this chapter; provided, however, in the city of New York such deputization shall be subject to the prior approval of the mayor of such city.

10. The commissioner, with the approval of the state director of the budget, shall establish and promulgate a schedule of proportional shares for cost sharing under subdivision one of section three hundred sixty-nine-d of the social services law. In developing such a schedule, the commissioner shall take into consideration various options available for obtaining health care services, the availability of such services, and the impact of cost sharing on prudent utilization and efficient provision of services without undue barriers to care for persons eligible for assistance under the catastrophic health care expense program established by section three hundred sixty-nine-c of the social services law.

11. The commissioner shall cooperate with the commissioner of the state department of environmental conservation, district attorneys and the department of law in providing assistance in the investigation and prosecutions of violations of article twenty-seven of the environmental conservation law.

* 12. (a) The commissioner shall establish and assess a regulatory assessment fee which will be charged to providers of health-care services regulated by the department under the provisions of articles twenty-eight, thirty-six and forty-four of this chapter, including health maintenance organizations established pursuant to article forty-three of the insurance law. The level of such regulatory fees shall be sufficient to recover the costs related to regulating such providers and costs related to the establishment and auditing of rates of reimbursement for the state fiscal year ending during the annual period in which such fee shall be assessed. Such costs will be certified by the director of the budget to the commissioner and shall include direct and indirect costs. The commissioner, subject to the approval of the director of the budget, shall develop a means of distributing the assessment of such a fee among the affected health-care providers based upon each provider's proportionate share of the sum of total costs and revenues reported for all such providers. For the purposes of this

section, the sum of total costs and revenues shall be calculated by including, for the most recent annual period for which certified data is available, total reported costs of a facility except that amounts included for general hospital outpatient and emergency services and treatment or diagnostic center services shall be based upon reported, or in its absence, estimated revenues, and costs included for article forty-four providers, and article forty-three providers of the insurance law shall exclude costs associated with the purchase of inpatient services.

(b) The fees assessed pursuant to this subdivision shall be deemed allowable operating costs in the determination of reimbursement rates and charges established pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law. The costs incurred for this purpose during a given rate year shall be included in the respective reimbursement rates for each such year. Charges established pursuant to subdivisions six and thirteen of section twenty-eight hundred seven-a of this chapter shall also be permitted to increase to include the annual costs associated with the assessment of such fee. The cost of such fee shall not be subject to reimbursement ceilings or other penalties used by the commissioner for the purpose of establishing rates of reimbursement pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law. Whenever an adjustment in such fees is made, reimbursement rates shall also be adjusted to include the increase or decrease in costs associated with such assessment fee.

(c) There is hereby created and established in the joint custody of the comptroller and the commissioner of taxation and finance an account to be known as the health care regulatory account. Notwithstanding section one hundred twenty-one of the state finance law or any other law to the contrary, the commissioner shall pay to the state treasurer for deposit into such account any revenues received from the regulatory fee or amounts withheld pursuant to paragraph (d) of this subdivision. The commissioner shall establish by regulation a schedule of payments which to the extent practicable shall reflect the timeliness of reimbursement received by providers for the cost of such fee and define timely payments of the regulatory assessment fee for the purposes of implementing paragraph (d) of this subdivision. Payments established

pursuant to this paragraph shall not be due until reimbursement rates established pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law are adjusted to include the annual cost of such fee. The fee may be adjusted by the commissioner at any time, but in no event shall the fees exceed the amount appropriated for transfer to the general fund from the health care regulatory account.

(d) Upon receipt of notification from the commissioner or the director of the budget, the comptroller or a fiscal intermediary designated by the director of the budget shall withhold from the amount of any payment to be made by the state to a provider enumerated in paragraph (a) of this subdivision the amount of such arrearage resulting from such provider's failure to make a timely payment of the regulatory assessment fee in accordance with the schedule promulgated by the commissioner. Upon withholding such amount, the comptroller or a designated fiscal intermediary shall pay the commissioner such amount withheld.

* NB (Effective pending Federal Government Ruling)

* 13. (a) The commissioner shall establish and assess a fee which will be charged to providers of health-care services regulated by the department under the provisions of articles twenty-eight, thirty-six and forty-four of this chapter, including health maintenance organizations established pursuant to article forty-three of the insurance law. The level of such fee shall be sufficient to recover the costs of making grants to health systems agencies and to match other contributions pursuant to subdivision (g) of section two thousand nine hundred four-b of this chapter (the health systems agency fee). The commissioner, subject to the approval of the director of the budget, shall develop a means of distributing the assessment of the fee among the affected health-care providers based upon each provider's proportionate share of the sum of total costs and revenues reported for all such providers. For the purposes of this section, the sum of total costs and revenues shall be calculated by including, for the most recent annual period for which certified data is available, total reported costs of a facility except that amounts included for general hospital outpatient and emergency services and treatment or diagnostic center services shall be based upon reported, or in its absence estimated revenues, and costs included for article forty-four providers and article forty-three providers of the

insurance law, shall exclude costs associated with the purchase of inpatient services. The fee shall not exceed one-tenth of one percent of the total costs or revenues reported by such provider. There is hereby created and established in the joint custody of the comptroller and the commissioner of taxation and finance an account to be known as the health systems agency account. Notwithstanding section one hundred twenty-one of the state finance law, or any other law to the contrary, the commissioner shall pay to the state treasurer for deposit into such account any revenues received from the health systems agency fees or amounts withheld pursuant to paragraph (c) of this subdivision for health systems agency fee obligations into the health systems agency account. The monies deposited to the health systems agency account shall be used to make grants to health systems agencies pursuant to subdivision (f) of section twenty-nine hundred four-b of this chapter and to match contributions pursuant to subdivision (g) of section two thousand nine hundred four-b of this chapter. The commissioner shall establish by regulation a schedule of payments which to the extent practicable shall reflect the timeliness of reimbursement received by providers for the cost of such fee and a definition of timely payments for the purposes of implementing paragraph (c) of this subdivision. No payment shall be due until reimbursement rates established pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law are adjusted to include the costs of the fee. The fee may be adjusted by the commissioner at any time, but in no event shall the fees exceed the limitation set forth in this paragraph.

(b) The fees assessed pursuant to this subdivision shall be deemed allowable operating costs in the determination of reimbursement rates and charges established pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law. The costs incurred for this purpose during a given rate year shall be included in the respective reimbursement rates for each such year. Charges established pursuant to subdivisions six and thirteen of section twenty-eight hundred seven-a of this chapter shall also be permitted to increase to include the annual costs associated with the assessment of such fee. The cost of such fee shall not be subject to reimbursement ceilings or other penalties used by the commissioner for the purpose of

establishing rates of reimbursement pursuant to articles twenty-eight, thirty-six and forty-four of this chapter and article forty-three of the insurance law. Whenever an adjustment in such fees is made, reimbursement rates shall also be adjusted to include the increase or decrease in costs associated with such fee.

(c) Upon receipt of notification from the commissioner or the director of the budget, the comptroller or a fiscal intermediary designated by the director of the budget shall withhold from the amount of any payment to be made by the state to a provider enumerated in paragraph (a) of this subdivision the amount of such arrearage resulting from such provider's failure to make a timely payment of the fee in accordance with the schedule promulgated by the commissioner. Upon withholding such amount, the comptroller or a designated fiscal intermediary shall pay the commissioner such amount withheld.

* NB (Effective pending Federal Government Ruling)

14. (a) Notwithstanding section one hundred twelve of the state finance law or any other provision of law to the contrary, the commissioner is authorized to establish a plan for the collection and disbursement of clinical practice income resulting from the clinical practice of licensed health professionals employed by Roswell Park Cancer Institute.

(b) For the purposes of this subdivision the following words shall have the following meanings:

(i) "clinical practice" means providing all forms of medical and health care, including patient consultations, and performing clinical investigation involving patients, at or through Roswell Park Cancer Institute, for which acts a fee for professional service is customarily charged.

(ii) "clinical practice income" means the income from fees for services of licensed health professionals rendered in connection with clinical practice.

(iii) "clinical practice plan" means a facility-based plan established to provide for the management, including collection and disbursement, of clinical practice income, subject to direction by a facility-based governing board.

(c) The commissioner is authorized to promulgate such rules and

regulations as may be necessary to implement the provisions of this subdivision. Such rules shall include, but not be limited to, criteria for participation in the clinical practice plan, including who contributes and who may receive income from the plan, the purposes for which such income may be disbursed, the maximum allowable compensation, the fringe benefits provided by the plan, provision for an accounting system for recording all receipts and disbursements of fees received, and provision for fiscal reports to the commissioner and an annual audit of such accounts by the state and/or an independent auditor.

Notwithstanding any law, rule or regulation to the contrary, the commissioner may determine the fringe benefits to be provided to the clinical practice plan members from clinical practice income and may authorize the expenditure of clinical practice income for this purpose or to supplement fringe benefits provided from state appropriations.

(d) Any clinical practice plan established pursuant to this subdivision shall not restrict the authority of the comptroller in paragraph (c) of subdivision two of section four hundred nine of this chapter to maintain at all times on deposit in the department of health income fund established pursuant to section four hundred nine of this chapter the aggregate amount of money needed by the department during six calendar months to comply in full with all obligations of the department under the terms of every lease, sublease, or agreement of the department with the dormitory authority which is then in effect.

(e) Employees with a faculty appointment participating in a clinical practice plan at Roswell Park Cancer Institute established pursuant to subdivision fourteen of section two hundred six of this chapter who are eligible to participate in the New York state employees' retirement system may elect, within ninety days of becoming eligible to participate in such system, in lieu of participating in such system, to participate in the optional retirement program available to employees of the state university of New York pursuant to article eight-B of the education law, subject to the terms and conditions of that article and to the provisions of the retirement and social security law.

* 15. Notwithstanding any other provision of law to the contrary, the commissioner is authorized to establish a statewide in-line skate, skate board, and bicycle helmet public education and awareness program and a

statewide in-line skate, skate board, and bicycle helmet distribution program. The purpose of the statewide in-line skate, skate board, and bicycle helmet public education and awareness program is to provide a plan for the coordination of county, city, town and village efforts to reduce in-line skate, skate board, and bicycle related injuries and fatalities. The purpose of the statewide in-line skate, skate board, and bicycle helmet distribution program is to provide a plan for the coordination of county, city, town and village efforts to distribute helmets to persons who can demonstrate an economic hardship that precludes them from purchasing such helmet. The commissioner shall make all necessary efforts to ensure that an in-line skate, skate board, and bicycle helmet distribution program is instituted in each county of the state. The commissioner is authorized to promulgate such rules and regulations as may be necessary to implement the provisions of this subdivision.

* NB There are 3 sub. 15's

* 15. (a) The commissioner shall promulgate rules and regulations which establish:

(i) procedures to review and approve rape crisis programs that provide training to rape crisis counselors as defined in section four thousand five hundred ten of the civil practice law and rules;

(ii) minimum training standards for rape crisis counselors;

(iii) procedures to enable approved rape crisis programs to certify current and future rape crisis counselors, including volunteer counselors, provided such rape crisis counselors have met the minimum training standards as set forth in this subdivision; and

(iv) procedures to periodically review approved training programs to assure they continue to satisfy established standards.

(b) Rape crisis programs approved by the commissioner shall provide training programs consisting of at least thirty hours of pre-service training and within the first year of service at least ten hours of in-service training for rape crisis counselors. This training shall include but not be limited to, instruction on the following:

(i) the dynamics of sexual offenses, sexual abuses or incest;

(ii) crisis intervention techniques;

(iii) client-counselor confidentiality requirements;

(iv) communication skills and intervention techniques;

(v) an overview of the state criminal justice system;

(vi) an update and review of state laws on sexual offenses, sexual abuse or incest;

(vii) the availability of state and community resources for clients;

(viii) working with a diverse population;

(ix) an overview of child abuse and maltreatment identification and reporting responsibilities; and

(x) information on the availability of medical and legal assistance for such clients.

(c) The department shall provide technical assistance to approved rape crisis programs to implement training programs in accordance with the minimum standards set forth in this subdivision.

* NB There are 3 sub. 15's

* 15. The commissioner is authorized to make grants and enter into contracts, as recommended by the state task force on clinical practice guidelines and medical technology assessment established pursuant to section twenty-eight hundred four-a of this chapter, for research and/or projects to promote the identification, evaluation, development and/or application of clinical practice guidelines and appropriate use of medical technology, but in no way to direct or mandate the use of such guidelines or technology, to the extent of funds available therefor from the commissioner's priority distributions pursuant to subparagraph (ii) of paragraph (f) of subdivision nineteen of section twenty-eight hundred seven-c of this chapter. No grants or contracts executed pursuant to this section shall be for the purpose of developing clinical practice guideline based reimbursement methodologies or any other regulations. For the purposes of this subdivision, "clinical practice guidelines" shall mean systematically developed statements to assist physician and patient decisions about the appropriate health care for specific clinical circumstances, and "medical technology" shall mean an instrument or unit of equipment or technique for use as a health related treatment, testing or diagnostic tool.

* NB Expired June 30, 1996; There are 3 sub. 15's

16. The commissioner, in consultation with the commissioner of the department of motor vehicles, shall promulgate rules and regulations specifying the medical conditions based on health and safety which

justify granting an exception to the requirements of subparagraphs one and two of paragraph (b) of subdivision twelve-a of section three hundred seventy-five of the vehicle and traffic law.

* 17. (a) The commissioner shall enter into an agreement with the commissioner of taxation and finance which shall set forth the procedures for the crediting of overpayments of tax owed to an individual taxpayer, estate or trust to the repayment of overpayments of medical assistance payments owed to the department or a social services district by such person pursuant to the provisions of section one hundred seventy-one-f of the tax law and is authorized to furnish to the commissioner of taxation and finance such information and to take such other actions as may be necessary to carry out the agreement provided for in such section, for the crediting of overpayments of tax to repayment of overpayments of medical assistance payments received by an individual who is or has been enrolled as a provider in the New York state medical assistance program as established under title eleven of article five of the social services law.

(b) The department shall by regulation establish procedures by which any individual, estate or trust which is the subject of a certification to the department of taxation and finance in accordance with such agreement may contest such certification. Such regulations and the notice required by subdivision three of section one hundred seventy-one-f of the tax law shall set forth defenses which may be available to the individual, estate or trust to contest such certification and the manner in which a review of the certification based on such defenses may be obtained.

(c) In accordance with such agreement and the provisions of section one hundred seventy-one-f of the tax law, the department shall be entitled to receive payments to satisfy the payment obligation of a person who is receiving or has received payment as a provider in the New York state medical assistance program established under title eleven of article five of the social services law, in accordance with a written final determination of the department, provided that a proceeding for administrative or judicial review shall not be pending and the time for initiation of such proceedings shall be expired.

* NB There are 2 sub. 17's

* 17. The department, upon completion of a review of the existing

scientific research regarding allergic reactions to natural rubber latex products, shall issue guidelines, in consultation with health care providers, for a latex management program, in health care settings.

* NB There are 2 sub. 17's

* 18. The commissioner is authorized and directed to promulgate rules and regulations to establish standards for water wells, including but not limited to drilling, construction, abandonment, repair, maintenance, water flow, including testing thereof, and pump standards for such wells.

* NB There are 2 sub. 18's

* 18. The commissioner, subject to the approval of the director of the budget, is authorized to approve and implement medicaid demonstration programs designed to provide additional knowledge and experience and to collect information concerning alternative methodologies for reimbursement, delivery of medical services, or eligibility for medical assistance in hospice operated nursing homes and is further authorized to waive such provisions of article twenty-eight of this chapter and title eleven of article five of the social services law as are necessary to implement such demonstration programs when such waiver will promote the efficient delivery of appropriate, quality, cost-effective services and when the health, safety and general welfare of patients will not be impaired as a result of such waiver.

* NB There are 2 sub. 18's

18-a. Health information technology demonstration program. (a) (i) The commissioner is authorized to issue grant funding to one or more organizations broadly representative of physicians licensed in this state, from funds made available for the purpose of funding research and demonstration projects under subparagraph (ii) of this paragraph designed to promote the development of electronic health information exchange technologies in order to facilitate the adoption of interoperable health records.

(ii) Project funding shall be disbursed to projects pursuant to a request for proposals based on criteria relating to promoting the efficient and effective delivery of quality physician services. Demonstration projects eligible for funding under this paragraph shall include, but not be limited to:

(A) efforts to incentivize electronic health record adoption;

(B) interconnection of physicians through regional collaborations;

(C) efforts to promote personalized health care and consumer choice;

(D) efforts to enhance health care outcomes and health status generally through interoperable public health surveillance systems and streamlined quality monitoring.

(iii) The department shall issue a report to the governor, the temporary president of the senate and the speaker of the assembly within one year following the issuance of the grants. Such report shall contain, at a minimum, the following information: the demonstration projects implemented pursuant to this paragraph, their date of implementation, their costs and the appropriateness of a broader application of the health information technology program to increase the quality and efficiency of health care across the state.

* (b) The commissioner shall:

(i) post on its website by September first, two thousand fifteen and quarterly thereafter, information on the uses of funding in support of the Statewide Health Information Network of New York (SHIN-NY), including how such funds may be used to:

(A) support hospitals, physicians, and other providers in the achievement of federal meaningful use requirements;

(B) support DSRIP health information exchange and data requirements to help performing provider systems and the state meet DSRIP quality goals; and

(C) increase participation in regional health information organizations by providers at reasonable costs to the providers; and

(ii) convene a workgroup to:

(A) evaluate the state's health information technology infrastructure and systems, as well as other related plans and projects designed to make improvements or modifications to such infrastructure and systems including, but not limited to, the all payor database (APD), the state planning and research cooperative system (SPARCS), regional health information organizations (RHIOs), the statewide health information network of New York (SHIN-NY) and medical assistance eligibility systems; and

(B) develop recommendations for the state to move toward a comprehensive health claims and clinical database aimed at improving

quality of care, efficiency, cost of care and patient satisfaction available in a self-sustainable, non-duplicative, interactive and interoperable manner that ensures safeguards for privacy, confidentiality and security;

(iii) submit an interim report to the governor, the temporary president of the senate and the speaker of the assembly, which shall detail the concerns and issues associated with establishing the state's health information technology infrastructure considered by the workgroup, on or before December first, two thousand fourteen; and

(iv) submit a report to the governor, the temporary president of the senate and the speaker of the assembly, which shall fully consider the evaluation and recommendations of the workgroup, on or before December first, two thousand fifteen.

* NB Effective until March 31, 2029

* (b) The commissioner shall make such rules and regulations as may be necessary to implement federal policies and disburse funds as required by the American Recovery and Reinvestment Act of 2009 and to promote the development of a statewide health information network of New York (SHIN-NY) to enable widespread interoperability among disparate health information systems, including electronic health records, personal health records and public health information systems, while protecting privacy and security. Such rules and regulations shall include, but not be limited to, requirements for organizations covered by 42 U.S.C. 17938 or any other organizations that exchange health information through the SHIN-NY.

* NB Effective March 31, 2029

(c) The members of the workgroup shall include, at a minimum, three members who represent RHIOs, two members employed by the department who are involved in the development of the SHIN-NY and the APD, two members who represent physicians, two members who represent hospitals, two members who represent home care agencies, one member who represents federally qualified health centers, one member who represents county health commissioners, the chair of the senate health committee or his or her designee, the chair of the assembly health committee or his or her designee, and other individuals with expertise in matters relevant to the charge of the workgroup.

* (d) The commissioner may make such rules and regulations as may be

necessary to implement federal policies and disburse funds as required by the American Recovery and Reinvestment Act of 2009 and to promote the development of a self-sufficient SHIN-NY to enable widespread, non-duplicative interoperability among disparate health information systems, including electronic health records, personal health records, health care claims, payment and other administrative data, and public health information systems, while protecting privacy and security. Such rules and regulations shall include, but not be limited to, requirements for organizations covered by 42 U.S.C. 17938 or any other organizations that exchange health information through the SHIN-NY or any other statewide health information system recommended by the workgroup. If the commissioner seeks to promulgate rules and regulations prior to issuance of the report identified in subparagraph (iv) of paragraph (b) of this subdivision, the commissioner shall submit the proposed regulations to the workgroup for its input. If the commissioner seeks to promulgate rules and regulations after the issuance of the report identified in such subparagraph (iv) then the commissioner shall consider the report and recommendations of the workgroup. If the commissioner acts in a manner inconsistent with the input or recommendations of the workgroup, he or she shall provide the reasons therefor.

* NB Effective until March 31, 2029

* 19. The commissioner is authorized and directed to promulgate rules and regulations as may be necessary, with respect to the form and content of applications for licenses, the fees to be charged for obtaining licenses, permits, duplicates and renewals, the reception thereof, the investigation and examination of applicants and of prospective applicants taking examinations and their qualifications, the inquiry into the operation of body piercing or tattooing studios and the conducting of periodic inspection of facilities to determine compliance by the tattoo or body piercing studio with applicable statutes, rules and regulations, appropriate penalties for failure to abide by rules and regulations promulgated pursuant to this article, and additional visits that may be made to tattoo or body piercing studios to determine whether violations or deficiencies have been corrected, to investigate any complaint, and for any other purposes deemed necessary and appropriate by the commissioner. Such regulations shall include, but not be limited to, the hygienic requirements for sterilization of sharps, needles, and

other supplies and equipment, the general cleanliness of the body piercing studio or tattoo studio, the disposal of each sharp and other single use supplies after use on one customer, the proper disposal of contaminated supplies and equipment, and other matters incidental or appropriate to the powers and duties of the commissioner as prescribed by this subdivision and for the proper administration and enforcement of the provisions of this subdivision to ensure the health, safety and welfare of the public.

* NB There are 2 sub. 19's

* 19. (a) The commissioner shall ensure that any contracts entered into, renewed, extended, modified or in any way made or continued with entities pursuant to article twenty-eight of this chapter to receive, distribute and otherwise administer funds for the pools specified in this subdivision, require such pool administrators to submit directly to the temporary president of the senate and the speaker of the assembly quarterly reports on the collection, pooling and distribution of funds pursuant to the following sections of this chapter:

(i) paragraph (a) of subdivision eighteen of section twenty-eight hundred seven-c of this chapter, providing for a one percent assessment on hospital revenues;

(ii) section twenty-eight hundred seven-j, establishing allowances on net patient service revenues;

(iii) section twenty-eight hundred seven-k, establishing the general hospital indigent care pool;

(iv) section twenty-eight hundred seven-l, establishing the health care initiatives pool;

(v) section twenty-eight hundred seven-m, establishing regional professional education pools;

(vi) section twenty-eight hundred seven-s, establishing professional education pool funding;

(vii) section twenty-eight hundred seven-t, establishing assessments on covered lives; and

(viii) section twenty-eight hundred seven-v, establishing tobacco control and insurance initiatives pool.

The commissioner shall assist such pool administrators, as necessary, in the fulfillment of this requirement.

(b) Reports filed pursuant to paragraph (a) of this subdivision shall, at a minimum, for each quarterly period

(i) profile, as of the end of each quarter and based on the available data, all revenue collected pursuant to each source specified in subparagraphs (i), (ii), (vi) and (vii) of paragraph (a) of this subdivision, as well as revenue collected for deposit into the pools specified in subparagraph (viii) of such paragraph, further reported, as applicable, according to each category of payer, including, but not limited to, medical assistance, private insurance, employer benefit plans, workers' compensation, no-fault, cigarette taxes, tobacco settlement funds, and the public asset established pursuant to sections four thousand three hundred one and seven thousand three hundred seventeen of the insurance law;

(ii) profile, as of the end of each quarter and based on the available data, aggregate revenue, by source, deposited for the quarter, into each pool specified in subparagraphs (iii), (iv), (v), and (viii) of paragraph (a) of this subdivision as well as the fund balances for each such pool as of the end of each quarter; and

(iii) profile, as of the end of each quarter and based on the available data, every disbursement from each pool specified in subparagraphs (iii), (iv), (v) and (viii) of paragraph (a) of this subdivision, further reported, as applicable, according to and indicative of each allocation specified for such pool, and further reported according to and indicative of each recipient of funds from each such allocation, except allocations made pursuant to subparagraph (iii) of paragraph (c) of subdivision one of section twenty-eight hundred seven-l of this chapter, and further indicative of the status of funding for each such recipient.

(c) The reports required by paragraph (a) of this subdivision shall cover the periods January through March, April through June, July through September and October through December and shall be submitted no later than forty-five days following the last day of the quarterly period covered by the report. Reports shall be submitted in both written and electronic form.

(d) The commissioner shall also ensure that any such contracts require such entities, beginning August first, two thousand three and no later than the twelfth day of each month thereafter, to report to the

comptroller in an electronic and written format the beginning pool balances, receipts collected by source, the disbursements made by purpose, the amount and nature of any transfers made among such pools, and the ending pool balances for the pools described in subparagraphs (i), (ii) and (iii) of paragraph (b) of this subdivision and at the same level of specificity required by such paragraph. The comptroller shall include such information in the monthly report required by subdivision nine-a of section eight of the state finance law. Any additional expenses incurred by the entity as a result of this paragraph shall be borne by the department of health.

* NB There are 2 sub. 19's

20. The commissioner shall, in consultation with the superintendent of state police, promulgate, by regulation, a list of "select chemical agents" which shall consist only of those toxic chemicals which have been identified, as of the effective date of this subdivision, for the application of verification measures under article VI of the convention on the prohibition of the development, production, stockpiling and use of chemical weapons and on their destruction, opened for signature on January thirteenth, nineteen hundred ninety-three, in schedules contained in the annex to said convention. The commissioner may, from time to time, promulgate regulations amending said list in the event that the schedules contained in the annex to the convention are amended, revised, modified or repealed, so that the list of select chemical agents promulgated pursuant to this subdivision conforms in whole or in part to any such amended, revised, modified or repealed list, if the commissioner determines that any such amendment, revision, modification or repeal is consistent with the purposes of this chapter.

* 21. The commissioner shall, in consultation with the superintendent of state police, promulgate, by regulation, a list of "select biological agents" which shall consist only of those select biological agents which have been identified, as of the effective date of this subdivision, by the United States Secretary of Health and Human Services and placed on the select agent list established pursuant to section 511 (d) of the Antiterrorism and Effective Death Penalty Act, Pub. L. 104-132 at 42 C.F.R. Part 72. The commissioner may, from time to time, promulgate regulations amending said list in the event that the list of select

biological agents promulgated by federal regulations is amended, revised, modified or repealed, so that the list of select biological agents promulgated pursuant to this subdivision conforms in whole or in part to any such amended, revised, modified or repealed list, if the commissioner determines that any such amendment, revision, modification or repeal is consistent with the purposes of this chapter.

* NB There are 2 sub 21's

* 21. The commissioner shall make the information developed pursuant to section five hundred forty-four of the executive law available through, but not limited to, the department's website and written materials available to the public.

* NB There are 2 sub 21's

22. The commissioner shall provide information and technical assistance concerning the drug discount program authorized by section 340B of the federal public health service act (42 U.S.C § 256b) to:

(a) covered entities, as defined in section 340B of the public health service act, to facilitate their participation in such drug discount program; and

(b) local government officials, regarding the benefits of the drug discount program and the process of accessing discounted drugs under the program on behalf of individuals whose prescription drug costs are borne by local government, including but not limited to residents of county-operated nursing homes.

23. Pursuant to subdivision six of section two hundred two of the state administrative procedure act, on an emergency basis and upon a finding by the commissioner of an immediate threat to the public safety, the commissioner is authorized to remove a drug, procedure or supply whose primary purpose is to enhance or facilitate sexual performance from: (a) the definition of medical assistance established pursuant to section three hundred sixty-five-a of the social services law, (b) the definition of health care services covered by the family health plus program established pursuant to section three hundred sixty-nine-ee of the social services law, (c) the definition of covered health services established pursuant to subdivision seven of section twenty-five hundred ten of this chapter, or (d) the list of prescription drugs covered by

the program for elderly pharmaceutical insurance coverage (EPIC) established pursuant to title three of article two of the elder law, or to otherwise restrict the criteria for payment for such drug, procedure or supply, by the medicaid, family health plus, child health plus, or EPIC programs, for those persons required to register as sex offenders pursuant to article six-C of the correction law.

* 24. Notwithstanding any inconsistent provision of law to the contrary, the commissioner is authorized to receive applications and to determine initial and continuing eligibility for enrollment under the child health plus program established under title I-A of article twenty-five of this chapter, the medical assistance program established under title eleven of article five of the social services law, and the family health plus program established under title eleven-D of such article. The commissioner may exercise such authority with respect to all residents, or a subset of residents, of one or more local social services districts. The commissioner is authorized to enter into one or more contracts, which contracts shall be procured on a competitive basis pursuant to a request for proposal process, for the purpose of exercising his or her authority under this subdivision. State employees shall supervise and provide oversight and quality assurance monitoring of contract staff activities. Provided further, the department shall endeavor to use state employees in exercising the commissioner's authority under this subdivision.

* NB There are 2 sb 24's

* 24. The commissioner shall have the authority to correct errors on marriage certificates maintained by the department pursuant to paragraph (e) of subdivision one of this section upon request of any applicant whose name appears thereon for a certificate of marriage where:

(a) such error was not the result of any intended fraud, deception or attempt to avoid the effect of any valid law, regulation or statute; and

(b) either party to the marriage provides proof, satisfactory to the commissioner, of the accuracy of the facts presented in support of correcting the error.

To effectuate such correction and provide certified copies of the amended certificate, the commissioner shall be entitled to a fee not exceeding ten dollars. The commissioner shall forward a copy of such

amended certificate to the clerk of the town or city which issued such certificate.

* NB There are 2 sb 24's

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

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, the commissioner may require reporting by entities licensed pursuant to article twenty-eight or thirty-six of this chapter, pharmacies registered pursuant to article one hundred thirty-seven of the education law, manufacturers and distributors of adult immunizing agents doing business in this state, and others possessing such adult immunizing agents of additional information needed to respond to an imminent public health emergency.

26. The commissioner is hereby authorized and directed to review any policy or practice instituted in facilities operated by the department of corrections and community supervision, and in all local correctional facilities, as defined in subdivision sixteen of section two of the correction law, regarding human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis C (HCV), and COVID-19, including the prevention of the transmission of and the treatment of such infections and diseases among incarcerated individuals. Such review shall be performed at least annually, and shall focus on whether such

policy or practice is consistent with current, generally accepted medical standards and procedures used to prevent the transmission of and to treat those infections and diseases among the general public. In performing such reviews, in order to determine the quality and adequacy of care and treatment provided, department personnel are authorized to enter correctional facilities and inspect policy and procedure manuals and medical protocols, interview health services providers and incarcerated individual-patients, review medical grievances, and inspect a representative sample of medical records of incarcerated individuals known to be infected with any such infections or diseases. Prior to initiating a review of a correctional system, the commissioner shall inform the public, including patients, their families and patient advocates, of the scheduled review and invite them to provide the commissioner with relevant information. Upon the completion of such review, the department shall, in writing, approve such policy or practice as instituted in facilities operated by the department of corrections and community supervision, and in any local correctional facility, or, based on specific, written recommendations, direct the department of corrections and community supervision, or the authority responsible for the provision of medical care to incarcerated individuals in local correctional facilities to prepare and implement a corrective plan to address deficiencies in areas where such policy or practice fails to conform to current, generally accepted medical standards and procedures. The commissioner shall monitor the implementation of such corrective plans and shall conduct such further reviews as the commissioner deems necessary to ensure that identified deficiencies in those policies and practices are corrected. All written reports pertaining to reviews provided for in this subdivision shall be maintained, under such conditions as the commissioner shall prescribe, as public information available for public inspection.

27. The commissioner shall promulgate regulations to require that a manufacturer or other entity selling, leasing, or otherwise providing any drug, device, or health care service shall not, directly or indirectly, establish as a condition for the use by a dentist of such drug, device, or health care service that the dentist meet any quota for the number of patients on whom the dentist uses the drug, device, or

health care service and that a dentist shall not, directly or indirectly, request or receive from any manufacturer or other entity a drug, device, or health care service having a condition that the dentist meet any quota for the number of patients on whom the dentist uses the drug, device, or health care service.

28. The commissioner shall assist the commissioner of education in developing rules and regulations, relating to pupils who suffer mild traumatic brain injuries and the physicians and nurse practitioners authorized to evaluate such pupils, in accordance with subdivision forty-two of section three hundred five of the education law, and provide for the posting on the department's internet website of such information as shall be required pursuant to such subdivision.

* 30. The commissioner shall notify the commissioner of education in any instance in which a registered professional nurse engages in improper behavior while supervising an advanced home health aide pursuant to subdivision two of section sixty-nine hundred eight of the education law.

* NB Repealed March 31, 2029

31. The commissioner shall develop information, in conjunction with the commissioner of education related to students who exhibit signs or symptoms of pending or increased risk of sudden cardiac arrest. Such information shall include, but not be limited to, the definition of sudden cardiac arrest, signs and symptoms of sudden cardiac arrest, and information for the physicians and nurse practitioners authorized to evaluate whether a student may resume athletic activity. Such information shall be posted on the department's website.