

1 1996 reconciled data, and for 1997 based initially on reported 1995  
 2 reconciled data as further reconciled to actual reported 1997 reconciled  
 3 data, for 1998 based initially on reported 1995 reconciled data as  
 4 further reconciled to actual reported 1998 reconciled data, for 1999  
 5 based initially on reported 1995 reconciled data as further reconciled  
 6 to actual reported 1999 reconciled data, for 2000 based initially on  
 7 reported 1995 reconciled data as further reconciled to actual reported  
 8 2000 data, for 2001 based initially on reported 1995 reconciled data as  
 9 further reconciled to actual reported 2001 data, for 2002 based initial-  
 10 ly on reported 2000 reconciled data as further reconciled to actual  
 11 reported 2002 data, and for state fiscal years beginning on April 1,  
 12 2005, based initially on reported 2000 reconciled data as further recon-  
 13 ciled to actual reported data for 2005, and for state fiscal years  
 14 beginning on April 1, 2006, based initially on reported 2000 reconciled  
 15 data as further reconciled to actual reported data for 2006, for state  
 16 fiscal years beginning on and after April 1, 2007 through March 31,  
 17 2009, based initially on reported 2000 reconciled data as further recon-  
 18 ciled to actual reported data for 2007 and 2008, respectively, for state  
 19 fiscal years beginning on and after April 1, 2009, based initially on  
 20 reported 2007 reconciled data, adjusted for authorized Medicaid rate  
 21 changes applicable to the state fiscal year, and as further reconciled  
 22 to actual reported data for 2009, for state fiscal years beginning on  
 23 and after April 1, 2010, based initially on reported reconciled data  
 24 from the base year two years prior to the payment year, adjusted for  
 25 authorized Medicaid rate changes applicable to the state fiscal year,  
 26 and further reconciled to actual reported data from such payment year,  
 27 and to actual reported data for each respective succeeding year. The  
 28 payments may be added to rates of payment or made as aggregate payments  
 29 to an eligible public general hospital.

30 § 8. Subdivision 3 of section 3018 of the public health law, as added by  
 section 2 of chapter 137 of the laws of 2023, is amended to read as follows:

3. This program shall authorize mobile integrated and community paramedicine  
 programs presently operating and approved by the department as of May  
 eleventh, two thousand twenty-three, under the authority of Executive Order  
 Number 4 of two thousand twenty-one, entitled "Declaring a Statewide Disaster  
 Emergency Due to Healthcare staffing shortages in the State of New York" to  
 continue in the same manner and capacity as currently approved for a period of  
 [two] four years following the effective date of this section.

§ 8-a. Section 2 of chapter 137 of the laws of 2023, amending the public  
 31 health law relating to establishing a community-based paramedicine  
 32 demonstration program, is amended to read as follows:

33 § 2. This act shall take effect immediately and shall expire and be  
 34 deemed repealed [2] 4 years after such date; provided, however, that if  
 35 this act shall have become a law on or after May 22, 2023 this act shall  
 36 take effect immediately and shall be deemed to have been in full force  
 37 and effect on and after May 22, 2023.

38 § 9. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,  
 39 amending the public health law and other laws relating to medical  
 40 reimbursement and welfare reform, as amended by chapter 161 of the laws  
 41 of 2023, is amended to read as follows:

42 12. Sections one hundred five-b through one hundred five-f of this act  
 43 shall expire June 30, [2025] 2027.

44 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of  
 45 2018, amending the public health law relating to authorizing the commis-  
 46 sioner of health to redeploy excess reserves of certain not-for-profit  
 47 managed care organizations, as amended by chapter 197 of the laws of  
 48 2023, is amended to read as follows:

49 § 2. This act shall take effect August 1, 2018 and shall expire and be  
 50 deemed repealed August 1, [2025] 2027, but, shall not apply to any enti-

1 a separate violation and each day that an ongoing violation continues  
 2 shall be a separate violation.

3 (e) No penalties shall be assessed pursuant to this subdivision with-  
 4 out providing an opportunity for a formal hearing conducted in accord-  
 5 ance with section twelve-a of the public health law.

6 (f) Nothing in this subdivision shall prohibit the imposition of  
 7 damages, penalties or other relief, otherwise authorized by law, includ-  
 8 ing but not limited to cases of fraud, waste or abuse.

9 (g) The commissioner may promulgate any regulations necessary to  
 10 implement the provisions of this subdivision.

11 § 4. This act shall take effect immediately; provided, however, that  
 12 section one of this act shall apply to disputes filed with the super-  
 13 intendent of financial services pursuant to article six of the financial  
 14 services law on or after such effective date; provided further, howev-  
 15 er, that section two of this act is subject to federal financial partic-  
 16 ipation; and provided further, however, that the amendments to section  
 17 364-j of the social services law made by sections two and three of this  
 18 act shall not affect the repeal of such section and shall be deemed  
 19 repealed therewith.

20 PART F

21 Section 1. Section 2807-ff of the public health law, as added by  
 22 section 1 of part II of chapter 57 of the laws of 2024, is amended to  
 23 read as follows:

24 § 2807-ff. New York managed care organization provider tax. 1. The  
 25 commissioner, subject to the approval of the director of the budget,  
 26 shall: apply for a waiver or waivers of the broad-based and uniformity  
 27 requirements related to the establishment of a New York managed care  
 28 organization provider tax (the "MCO provider tax") in order to secure  
 29 federal financial participation for the costs of the medical assistance  
 30 program; [issue regulations to implement the MCO provider tax;] and,  
 31 subject to approval by the centers for [medicare and medicaid] Medicare  
 32 and Medicaid services, impose the MCO provider tax as an assessment upon  
 33 insurers, health maintenance organizations, and managed care organiza-  
 34 tions (collectively referred to as "health plan") offering the following  
 35 plans or products:

36 (a) Medical assistance program coverage provided by managed care  
 37 providers pursuant to section three hundred sixty-four-j of the social  
 38 services law;

39 (b) A [child ]health insurance plan [certified ]serving individuals  
 enrolled pursuant to [section twen-

40 ty-five hundred eleven] title 1-A of article twenty-five of this chapter;

41 (c) Essential plan coverage certified pursuant to [section three  
 42 hundred sixty-nine-gg] title 11-D of article five of the social services  
 law;

43 (d) Coverage purchased on the New York insurance exchange established  
 44 pursuant to section two hundred sixty-eight-b of this chapter; or

45 (e) Any other comprehensive coverage subject to articles thirty-two,  
 46 forty-two and forty-three of the insurance law, or article forty-four of  
 47 this chapter.

48 2. The MCO provider tax shall comply with all relevant provisions of  
 49 federal laws, rules and regulations.

50 3. The department shall post on its website the MCO provider tax  
 51 approval letter by the centers for Medicare and Medicaid services (the  
 52 "approval letter").

53 4. A health plan, as defined in subdivision one of this section, shall  
 54 pay the MCO provider tax for each calendar year as follows:

1 quality care to the residents or patients, or alleviate the facility's  
2 financial instability, enter into an agreement with the established  
3 operator for the appointment of a temporary operator to assume sole  
4 control and sole responsibility for the operations of that facility.

5 3. (a) A temporary operator appointed pursuant to this section shall,  
6 [prior to his or her] within thirty days of their appointment as tempo-  
7 rary operator, provide the commissioner with a work plan satisfactory to  
8 the commissioner to address the facility's deficiencies and serious  
9 financial instability and a schedule for implementation of such plan. [A  
10 work plan shall not be required prior to the appointment of the tempo-  
11 rary operator pursuant to clause (ii) of paragraph (a) of subdivision  
12 two of this section if the commissioner has determined that the immedi-  
13 ate appointment of a temporary operator is necessary because public  
14 health or safety is in imminent danger or there exists any condition or  
15 practice or a continuing pattern of conditions or practices which poses  
16 imminent danger to the health or safety of any patient or resident of  
17 the facility. Where such immediate appointment has been found to be  
18 necessary, the temporary operator shall provide the commissioner with a  
19 work plan satisfactory to the commissioner as soon as practicable.]

20 (b) The temporary operator shall use [his or her] their best efforts  
21 to implement the work plan provided to the commissioner, if applicable,  
22 and to correct or eliminate any deficiencies or financial instability in  
23 the facility and to promote the quality and accessibility of health care  
24 services in the community served by the facility. ~~The~~ Notwithstanding any  
other provision of law, the temporary opera-

25 tor's authority shall include, but not be limited to, hiring or firing  
26 of the facility administrator and other key management employees; main-  
27 tenance and control of the books and records; authority over the dispo-  
28 sition of assets and the incurring of liabilities on behalf of the  
29 facility; and the adoption and enforcement of policies regarding the  
30 operation of the facility. Such correction or elimination of deficien-  
31 cies or serious financial instability shall not include major alter-  
32 ations of the physical structure of the facility. During the term of  
33 [his or her] their appointment, the temporary operator shall have the  
34 sole authority to direct the management of the facility in all aspects  
35 of operation and shall be afforded full access to the accounts and  
36 records of the facility. The temporary operator shall, during this peri-  
37 od, operate the facility in such a manner as to promote safety and the  
38 quality and accessibility of health care services or residential care in  
39 the community served by the facility. The temporary operator shall have  
40 the power to let contracts therefor or incur expenses on behalf of the  
41 facility, provided that where individual items of repairs, improvements  
42 or supplies exceed ten thousand dollars, the temporary operator shall  
43 obtain price quotations from at least three reputable sources. The  
44 temporary operator shall not be required to file any bond. No security  
45 interest in any real or personal property comprising the facility or  
46 contained within the facility, or in any fixture of the facility, shall  
47 be impaired or diminished in priority by the temporary operator. Neither  
48 the temporary operator nor the department shall engage in any activity  
49 that constitutes a confiscation of property without the payment of fair  
50 compensation.

51 4. The temporary operator shall be entitled to a reasonable fee, as  
52 determined by the commissioner, and necessary expenses incurred during  
53 [his or her] their performance as temporary operator, to be paid from  
54 the revenue of the facility. The temporary operator shall collect incom-  
55 ing payments from all sources and apply them to the reasonable fee and  
56 to costs incurred in the performance of [his or her] their functions as

1 of whom shall be appointed by the temporary president of the senate, two  
2 of whom shall be appointed by the speaker of the assembly, one of whom  
3 shall be appointed by the minority leader of the senate, and one of whom  
4 shall be appointed by the minority leader of the assembly.

5 § 2. Subdivision 2 of section 251 of the public health law, as added  
6 by chapter 338 of the laws of 1998, is amended to read as follows:

7 2. Solicit, receive, and review applications from public and private  
8 agencies and organizations and qualified research institutions for  
9 grants from the spinal cord injury research trust fund, created pursuant  
10 to section ninety-nine-f of the state finance law, to conduct research  
11 programs which focus on the treatment and cure of spinal cord [injury]  
12 injuries and their effects. The board shall make recommendations to the  
13 commissioner, and the commissioner shall, in [his or her] their  
14 discretion, grant approval of applications for grants from those appli-  
15 cations recommended by the board.

16 § 3. This act shall take effect immediately.

17 PART 0

18 Section 1. Subdivision (b) of schedule I of section 3306 of the public  
19 health law is amended ~~by adding~~ and eighteen new paragraphs 93, 94, 95, 96,  
20 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109 and 110 are  
21 added to

21 read as follows:

(b) Opiates. Unless specifically excepted or unless listed in another  
schedule, any of the following opiates, including their isomers, esters,  
ethers, salts, and salts of isomers, esters, and ethers, whenever the  
existence of such isomers, esters, ethers and salts is possible within the  
specific chemical designation (for purposes of [3-methylfentanyl]3-  
methylthiofentanyl only, the term isomer includes the optical and geometric  
isomers):

22 (93) 1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylp  
23 ropan-2-ol. Other name: Zipeprol.

24 (94) N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)e  
25 than-1-amine. Other name: Metonitazene.

26 (95) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.  
27 Other name: meta-Fluorofentanyl.

28 (96) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.  
29 Other name: meta-Fluoroisobutyryl fentanyl.

30 (97) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa  
31 mide. Other name: para-Methoxyfuranylfentanyl.

32 (98) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide. Other  
33 name: 3-Furanyl fentanyl.

34 (99) N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropiona  
35 mide. Other name: 2',5'-Dimethoxyfentanyl.

36 (100) 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other  
37 name: Isovaleryl fentanyl.

38 (101) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa  
39 mide. Other name: ortho-Fluorofuranylfentanyl.

40 (102) 2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other  
41 name: alpha'-Methyl butyryl fentanyl.

42 (103) N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecar  
43 boxamide. Other name: para-Methylcyclopropyl fentanyl.

44 (104) 2-(2-(4-ethoxybenzyl)-1H-benzimidazol-1-yl)-N,N-diethylethan-1-  
45 amine. Other names: Etodesnitazene; Etazene.

46 (105) 2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzi  
47 midazole. Other names: N-pyrrolidinoetonitazene; Etonitazepyne.

48 (106) N,N-diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)  
49 ethan-1-amine. Other name: Protonitazene.

50 (107) 1-(2-Methyl-4-(3-phenylprop-2-en-1-yl)piperazin-1-yl)butan-1-  
51 one. Other name: 2-Methyl AP-237.  
52 (108) 2-(2-(4-butoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethyl  
53 ethan-1-amine. Other name: Butonitazene.

- 1 (109) N,N-diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1H-benzimidazol-1-yl)  
2 ethan-1-amine. Other name: Flunitazene.
- 3 (110) N,N-diethyl-2-(2-(4-methoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-  
4 amine). Other name: Metodesnitazene.
- 5 § 2. Paragraphs 11 and 36 of subdivision (d) of schedule I of section  
6 3306 of the public health law, paragraph 11 as added by chapter 664 of  
7 the laws of 1985 and paragraph 36 as added by section 5 of part BB of  
8 chapter 57 of the laws of 2018, are amended to read as follows:
- 9 (11) [Ibogane] Ibogaine. Some trade and other names: [7-ethyl-6, 6&, 6  
10 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5h-pyrido  
11 {1',2':1,2} azepino {5,4-b} indole: tabernanthe iboga.]  
12 7-Ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido{1'  
13 ,2':1,2} azepino {5,4-b} indole; Tabernanthe iboga.
- 14 (36) 5-methoxy-N,N-dimethyltryptamine. Some trade or other names:  
15 5-methoxy-3-{2-(dimethylamino)ethyl}indole; 5-MeO-DMT.
- 16 § 3. Subdivision (d) of schedule I of section 3306 of the public  
17 health law is amended by adding nineteen new paragraphs 32, 39, 40, 41,  
18 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 to read as  
19 follows:
- 20 (32) 4-methyl-N-ethylcathinone. Some trade or other names: 4-MEC.
- 21 (39) 4-methyl-alpha-pyrrolidinopropiophenone. Some trade or other  
22 names: 4-MePPP.
- 23 (40) Alpha-pyrrolidinopentiophenone. Some trade or other names: @-PVP.
- 24 (41) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one. Some trade  
25 or other names: Butylone; bk-MBDB.
- 26 (42) 2-(methylamino)-1-phenylpentan-1-one. Some trade or other names:  
27 Pentedrone.
- 28 (43) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one. Some trade  
29 or other names: Pentylone; bk-MBDP.
- 30 (44) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one. Some trade  
31 or other names: Naphyrone.
- 32 (45) Alpha-pyrrolidinobutiophenone. Some trade or other names: @-PBP.
- 33 (46) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one. Some trade  
34 or other names: Ethylone.
- 35 (47) N-ethylpentylone. Some trade or other names: Ephylone;  
36 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one).
- 37 (48) 1-(4-methoxyphenyl)-N-methylpropan-2-amine. Some trade or other  
38 names: Para-methoxymethamphetamine; PMMA.
- 39 (49) N-Ethylhexedrone. Some trade or other names: @-ethylaminohexano  
40 phenone; 2-(ethylamino)-1-phenylhexan-1-one.
- 41 (50) alpha-Pyrrolidinoheptanophenone. Some trade or other names: @-PHP;  
42 1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one.
- 43 (51) 4-Methyl-alpha-ethylaminopentiophenone. Some trade or other  
44 names: 4-MEAP; 2-(ethylamino)-1-(4-methylphenyl)pentan-1-one.
- 45 (52) 4'-Methyl-alpha-pyrrolidinoheptanophenone. Some trade or other  
46 names: MHPH; 4'-methyl-alpha-pyrrolidinoheptanophenone; 1-(4-methylphe  
47 nyl)-2-(pyrrolidin-1-yl)hexan-1-one.
- 48 (53) alpha-Pyrrolidinoheptanophenone. Some trade or other names: PV8;  
49 1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.
- 50 (54) 4'-Chloro-alpha-pyrrolidinovalerophenone. Some trade or other  
51 names: 4-chloro-@-PVP; 4'-Chloro-alpha-pyrrolidinopentiophenone; 1-(4-  
52 chlorophenyl)-2-(pyrrolidin-1-yl)pentan-1-one.
- 53 (55) 2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one. Some trade or  
54 other names: Methoxetamine; MXE.
- 55 (56) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)butan-1-one. Some trade or  
56 other names: Eutylone; bk-EBDB.

- 1 (13) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-  
2 dimethylbutanoate. Some trade or other names: MDMB-CHMICA; MMB-CHMINACA.  
3 (14) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-  
4 dimethylbutanoate. Some trade or other names: MDMB-FUBINACA.  
5 (15) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-in  
6 dazole-3-carboxamide. Some trade or other names: ADB-FUBINACA.  
7 (16) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide.  
8 Some trade or other names: 5F-APINACA; 5F-AKB48.  
9 (17) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-meth  
10 ylbutanoate. Some trade or other names: 5F-AMB.  
11 (18) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-  
12 dimethylbutanoate. Some trade or other names: 5F-ADB; 5F-MDMB-PINACA.  
13 (19) Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate. Some  
14 trade or other names: NM2201; CBL2201.  
15 (20) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-inda  
16 zole-3-carboxamide. Some trade or other names: 5F-AB-PINACA.  
17 (21) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxa  
18 mide. Some trade or other names: 4-CN-CUMYL-BUTINACA; 4-cyano-CUMYL-  
19 BUTINACA; 4-CN-CUMYL BINACA; CUMYL-4CN-BINACA; SGT-78.  
20 (22) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methyl  
21 butanoate. Some trade or other names: MMB-CHMICA; AMB-CHMICA.  
22 (23) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo{2,3-b}pyrid  
23 ine-3-carboxamide. Some trade or other names: 5F-CUMYL-P7AICA.  
24 (24) methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimeth  
25 ylbutanoate. Some trade or other names: 4F-MDMB-BINACA; 4F-MDMB-  
26 BUTINACA.  
27 (25) ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimeth  
28 ylbutanoate. Some trade or other names: 5F-EDMB-PINACA.  
29 (26) methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimeth  
30 ylbutanoate. Some trade or other names: 5F-MDMB-PICA; 5F-MDMB-2201.  
31 (27) N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide.  
32 Some trade or other names: FUB-AKB48; FUB-APINACA; AKB48  
33 N-(4-FLUOROBENZYL).  
34 (28) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carbox  
35 amide. Some trade or other names: 5F-CUMYL-PINACA; SGT-25.  
36 (29) (1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopro  
37 pyl)methanone. Some trade or other names: FUB-144.  
38 § 8. Paragraph 1 of subdivision (b) of schedule II of section 3306 of  
39 the public health law, as amended by section 1 of part C of chapter 447  
40 of the laws of 2012, is amended to read as follows:  
41 (1) Opium and opiate, and any salt, compound, derivative, or prepara-  
42 tion of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine,  
43 naldemedine, nalmefene, naloxegol, naloxone, [and] 6&-naltrexol,  
44 naltrexone, and samidorphan, and their respective salts, but including  
45 the following:  
46 1. Raw opium.  
47 2. Opium extracts.  
48 3. Opium fluid.  
49 4. Powdered opium.  
50 5. Granulated opium.  
51 6. Tincture of opium.  
52 7. Codeine.  
53 8. Ethylmorphine.  
54 9. Etorphine hydrochloride.  
55 10. Hydrocodone (also known as dihydrocodeinone).  
56 11. Hydromorphone.

- 1 [(30)] (xxx) Methandienone [(17{alpha}-methyl-17{beta}-hydroxyandrost-  
2 1, 4-dien-3-one)] (17{alpha}-methyl-17{beta}-hydroxyandrost-1, 4-dien-3-  
3 one).
- 4 [(31)] (xxxii) Methandriol [(17{alpha}-methyl-3{beta}, 17{beta}-dihydro  
5 xyandrost-5-ene)] (17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-  
6 5-ene).
- 7 [(32)] (xxxiii) Methenolone [(1-methyl-17{beta}-hydroxy-5{alpha}  
8 -androst-1-en-3-one)] (1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-  
9 en-3-one).
- 10 [(33) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxy-5-androstane]  
11 (xxxiii)  
12 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5{alpha}-androstane.
- 13 [(34) 17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy-5a-androstane]  
14 (xxxiv) 17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5{alpha}-androstane.
- 15 [(35) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-4-ene.]  
16 (xxxv) 17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.
- 17 [(36) 17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy  
18 -17{beta}-hydroxyestr-4-en-3-one).] (xxxvi) 17{alpha}-methyl-4-hydroxy  
19 nandrolone(17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).
- 20 [(37)] (xxxvii) Methyldienolone [(17{alpha}-methyl-17{beta}-hydroxy  
21 estra-4,9(10)-dien-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestra-4,9  
22 (10)-dien-3-one).
- 23 [(38)] (xxxviii) Methyltrienolone [(17{alpha}-methyl-17{beta}-hydroxy  
24 estra-4, 9-11-trien-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestra-4,  
25 9,11-trien-3-one).
- 26 [(39)] (xxxix) Methyltestosterone (17{alpha}-methyl-17{beta}-hydroxy  
27 androst-4-en-3-one).
- 28 [(40)] (xl) Mibolerone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxy  
29 estr-4-en-3-one).
- 30 [(41) 17{alpha}-methyl- $\Delta$ 1-dihydrotestosterone(17b{beta}-hydroxy  
31 -17{alpha}-methyl-5{alpha}-androst-1-en-3-one)] (xli) 17{alpha}-methyl-  
32  $\Delta$ 1-dihydrotestosterone(17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-  
33 androst-1-en-3-one) (a.k.a. '17-{alpha}-methyl-1-testosterone').
- 34 [(42) Nandrolone(17{beta}-hydroxyestr-4-en-3-one).] (xlii) Nandrolone  
35 (17{beta}-hydroxyestr-4-en-3-one).
- 36 [(43)] (xliii) 19-nor-4-androstenediol [(3{beta},17{beta}-dihydroxy  
37 estr-4-ene).] (3{beta},17{beta}-dihydroxyestr-4-ene).
- 38 [(44)] (xliv) 19-nor-4-androstenediol [(3{alpha},17{beta}-dihydroxy  
39 estr-4-ene).] (3{alpha},17{beta}-dihydroxyestr-4-ene).
- 40 [(45)] (xlv) 19-nor-5-androstenediol [(3{beta},17{beta}-dihydroxyestr  
41 -5-ene).] (3{beta},17{beta}-dihydroxyestr-5-ene).
- 42 [(46)] (xlvi) 19-nor-5-androstenediol [(3{alpha},17{beta}-dihydrox-  
43 yestr-5-ene).] (3{alpha},17{beta}-dihydroxyestr-5-ene).
- 44 [(47) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-  
45 dione).] (xlvii) 19-nor-4,9 (10)-androstadienedione (estra-4,9(10)-  
46 diene-3,17-dione).
- 47 [(48)] (xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione).
- 48 [(49)] (xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione).
- 49 [(50)] (l) Norbolethone [(13{beta}, 17{alpha}-diethyl-17{beta}-  
50 hydroxygon-4-en-3-one).] (13{beta},17{alpha}-diethyl-17{beta}-hydroxygon  
51 -4-en-3-one).
- 52 [(51)] (li) Norclostebol [(4-chloro-17{beta}-hydroxyestr-4-en-3-  
53 one).] (4-chloro-17{beta}-hydroxyestr-4-en-3-one).
- 54 [(52)] (lii) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyestr-  
55 4-en-3-one).



- 1 [(53)] (liii) Normethandrolone [(17{alpha}-methyl-17{beta}-hydroxestr-  
2 4-en-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).  
3 [(54)] (liv) Oxandrolone [(17{alpha}-methyl-17{beta}-hydroxy-2-oxa-  
4 {5{alpha}}-androstan-3-one).] (17{alpha}-methyl-17{beta}-hydroxy-2-oxa-  
5 5{alpha}-androstan-3-one).  
6 [(55)] (lv) Oxymesterone [(17{alpha}-methyl-4, 17{beta}-dihydroxy  
7 androst-4-en-3-one).] (17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-  
8 en-3-one).  
9 [(56)] (lvi) Oxymetholone [(17 {alpha}-methyl-2-hydroxymethylene-17  
10 {beta}-hydroxy-5{alpha}- androstan-3-one).] (17{alpha}-methyl-2-hydro  
11 xymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).  
12 [(57)] (lvii) Stanozolol [(17{alpha}-methyl-17{beta}-hydroxy-  
13 {5{alpha}}-androst-2-eno{3,2-c}-pyrazole).] (17{alpha}-methyl-17{beta}-  
14 hydroxy-5{alpha}-androst-2-eno{3,2-c}-pyrazole).  
15 [(58)] (lviii) Stenbolone [(17{beta}-hydroxy-2-methyl-5{alpha}}-  
16 androst-1-en-3-one).] (17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-  
17 3-one).  
18 [(59)] (lix) Testolactone [(13-hydroxy-3-oxo-13, 17-secoandrosta-1,  
19 4-dien-17-oic acid lactone).] (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-  
20 dien-17-oic acid lactone).  
21 [(60)] (lx) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).  
22 [(61)] (lxi) Tetrahydrogestrinone [(13{beta}, 17{alpha}-diethyl-  
23 17{beta}-hydroxygon-4, 9, 11-trien-3-one).] (13{beta},17{alpha}-diethyl-  
24 17{beta}-hydroxygon-4,9,11-trien-3-one).  
25 [(62)] (lxii) Trenbolone [(17{beta}-hydroxyestr-4, 9, 11-trien-  
26 3-one).] (17{beta}-hydroxyestr-4,9,11-trien-3-one).  
27 [(63)] (lxiii) 5{alpha}-androstan-3,6,17-trione.  
28 (lxiv) 6-bromo-androsta-1,4-diene-3,17-dione.  
29 (lxv) 6-bromo-androstan-3,17-dione.  
30 (lxvi) 4-chloro-17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.  
31 (lxvii) 4-chloro-17{alpha}-methyl-androst-4-ene-3{beta},17{beta}-diol.  
32 (lxviii) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-en-3-one.  
33 (lxix) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-ene-3,11-  
34 dione.  
35 (lxx) 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-  
36 3-one.  
37 (lxxi) 2{alpha},3{alpha}-epithio-17{alpha}-methyl-5{alpha}-androstan-17  
38 {beta}-ol.  
39 (lxxii) estra-4,9,11-triene-3,17-dione.  
40 (lxxiii) {3,2-c}furazan-5{alpha}-androstan-17{beta}-ol.  
41 (lxxiv) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one.  
42 (lxxv) 4-hydroxy-androst-4-ene-3,17-dione.  
43 (lxxvi) 17{beta}-hydroxy-androstano{2,3-d}isoxazole.  
44 (lxxvii) 17{beta}-hydroxy-androstano{3,2-c}isoxazole.  
45 (lxxviii) 3{beta}-hydroxy-estra-4,9,11-trien-17-one.  
46 (lxxix) Methasterone (2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-  
47 17{beta}-ol-3-one or 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-  
48 5{alpha}-androstan-3-one).  
49 (lxxx) 17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.  
50 (lxxxii) 17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.  
51 (lxxxiii) 17{alpha}-methyl-androstan-3-hydroxyimine-17{beta}-ol.  
52 (lxxxiiii) 6{alpha}-methyl-androst-4-ene-3,17-dione.  
53 (lxxxv) 17{alpha}-methyl-androst-2-ene-3,17{beta}diol.  
54 (lxxxvi) Prostanazol (17{beta}-hydroxy-5{alpha}-androstano{3,2-c}  
55 pyrazole) or {3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol.  
56 (lxxxvii) {3,2-c}pyrazole-androst-4-en-17{beta}-ol.

1 (lxxxvii) Any salt, ester or ether of a drug or substance described or  
2 listed in this subdivision.

3 (2) (i) Subject to subparagraph (ii) of this paragraph, a drug or  
4 hormonal substance, other than estrogens, progestins, corticosteroids,  
5 and dehydroepiandrosterone, that is not listed in paragraph one of this  
6 subdivision and is derived from, or has a chemical structure substan-  
7 tially similar to, one or more anabolic steroids listed in paragraph one  
8 of this subdivision shall be considered to be an anabolic steroid for  
9 purposes of this schedule if:

10 (A) the drug or substance has been created or manufactured with the  
11 intent of producing a drug or other substance that either:

12 1. promotes muscle growth; or

13 2. otherwise causes a pharmacological effect similar to that of  
14 testosterone; or

15 (B) the drug or substance has been, or is intended to be, marketed or  
16 otherwise promoted in any manner suggesting that consuming it will  
17 promote muscle growth or any other pharmacological effect similar to  
18 that of testosterone.

19 (ii) A substance shall not be considered to be a drug or hormonal  
20 substance for purposes of this subdivision if:

21 (A) it is:

22 1. an herb or other botanical;

23 2. a concentrate, metabolite, or extract of, or a constituent isolated  
24 directly from, an herb or other botanical; or

25 3. a combination of two or more substances described in clause one or  
26 two of this item;

27 (B) it is a dietary ingredient for purposes of the Federal Food, Drug,  
28 and Cosmetic Act (21 U.S.C. 301 et seq.); and

29 (C) it is not anabolic or androgenic.

30 (iii) In accordance with subdivision one of section thirty-three  
31 hundred ninety-six of this article, any person claiming the benefit of  
32 an exemption or exception under subparagraph (ii) of this paragraph  
33 shall bear the burden of going forward with the evidence with respect to  
34 such exemption or exception.

35 § 14. Paragraph 11 of ~~Subdivision~~ subdivision (c) of schedule III of  
section 3306 of the public

36 health law is amended ~~by adding~~ and a new paragraph 15 is added to read as  
follows:

(11) Tiletamine and zolazepam or any salt thereof. Some trade or other names  
for a tiletamine-zolazepam combination product: Telazol. Some trade or other  
names for tiletamine: 2-(ethylamino) -2-(2-thienyl)-cyclohexanone. Some trade  
or other names for zolazepam: 4-(2-fluorophenyl) -6,8-dihydro -1, 3, 8[i]-  
trimethylpyrazolo-{3,4-e}{1,4} -diazepin-7(1H)-one, flupyrazapon.

37 (15) Perampanel, its salts, isomers and salts of isomers.

§ 15. Subdivision (f) of schedule III of section 3306 of the public health law  
is amended to read as follows: (f) Dronabinol (synthetic) in sesame oil and  
encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration  
approved product. Some other names for dronabinol include: (6aR-trans)-6a, 7,  
8, 10a-tetrahydro-6, 6, 9-trimethyl-3-pentyl-6H-dibenzo{b,d} pyran-1-o[1]l,  
or(-)-delta-9-(trans) - tetrahydrocannabinol.

38 § 1516. Subdivision (c) of schedule IV of section 3306 of the public  
39 health law is amended by adding seven new paragraphs 54, 55, 56, 57, 58,  
40 59 and 60 to read as follows:

41 (54) Alfaxalone.

42 (55) Brexanolone.

43 (56) Daridorexant.

44 (57) Lemborexant.

45 (58) Remimazolam.

46 (59) Suvorexant.

47 (60) Zuranolone.

48 § ~~16~~17. Paragraph 10 of subdivision (e) of schedule IV of section 3306  
49 of the public health law, as amended by chapter 589 of the laws of 1996,  
50 is amended and two new paragraphs 13 and 14 are added to read as  
51 follows:

52 (10) SPA((-)[)]-1-dimethylamino-1, 2-diphenylethane).

53 (13) Serdexmethylphenidate.

54 (14) Solriamfetol (2-amino-3-phenylpropyl carbamate; benzenepropanol,  
55 beta-amino-, carbamate(ester)).



**DRAFT**

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1 § ~~17~~18. Subdivision (f) of schedule IV of section 3306 of the public  
2 health law, as added by chapter 664 of the laws of 1985, paragraph 2 as  
3 added by chapter 457 of the laws of 2006 and paragraph 3 as added by  
4 section 14 of part C of chapter 447 of the laws of 2012, is amended to  
5 read as follows:

6 (f) Other substances. Unless specifically excepted or unless listed in  
7 another schedule, any material, compound, mixture or preparation which  
8 contains any quantity of the following substances, including its salts,  
9 isomers, and salts of such isomers, whenever the existence of such  
10 salts, isomers, and salts of isomers is possible:

11 (1) Pentazocine.

12 (2) Butorphanol (including its optical isomers).

13 (3) Tramadol in any quantities.

14 (4) Eluxadolone (5-(((2S)-2-amino-3-(4-(aminocarbonyl)-2,6-dimethyl  
15 phenyl}-1-oxopropyl))-(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl)amino)meth  
16 yl}-2-methoxybenzoic acid) (including its optical isomers) and its  
17 salts, isomers, and salts of isomers.

18 (5) Lorcasearin.

19 § ~~18~~19. Subdivision (d) of schedule V of section 3306 of the public  
20 health law, as amended by section 16 of part C of chapter 447 of the  
21 laws of 2012, is amended to read as follows:

22 (d) Depressants. Unless specifically exempted or excluded or unless  
23 listed in another schedule, any material, compound, mixture, or prepara-  
24 tion which contains any quantity of the following substances having a  
25 depressant effect on the central nervous system, including its salts,  
26 isomers, and salts of isomers:

27 (1) Ezogabine [N-{2-amino-4-(4-fluorobenzylamino)-phenyl}-carbamic  
28 acid ethyl ester}] (N-{2-amino-4-(4-fluorobenzylamino)-phenyl}-carbamic  
29 acid ethyl ester).

30 (2) Lacosamide [{(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide}]  
31 {(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide).

32 (3) Pregabalin [{(S)-3-(aminomethyl)-5-methylhexanoic acid}]  
33 {(S)-3-(aminomethyl)-5-methylhexanoic acid).

34 (4) Brivaracetam [(2S)-2-((4R)-2-oxo-4-propylpyrrolidin-1-yl)butana  
35 mide). Some trade or other names: BRV; UCB-34714; Briviact.

36 (5) Cenobamate [{(1R)-1-(2-chlorophenyl)-2-(tetrazol-2-yl)ethyl}  
37 carbamate; 2H-tetrazole-2-ethanol, alpha-(2-chlorophenyl)-, carbamate  
38 (ester), (alphaR)-; carbamic acid(R)-(+) -1-(2-chlorophenyl)-2-(2H-tetra  
39 zol-2-yl)ethyl ester).

40 (6) Ganaxolone [3{alpha}-hydroxy-3{beta}-methyl-5{alpha}-pregnan-20-  
41 one).

42 (7) Lasmiditan [2,4,6-trifluoro-N-(6-(1-methylpiperidine-4-carbonyl)  
43 pyridine-2-yl-benzamide).

44 § 1920. Subdivision 2 of section 3342 of the public health law, as  
45 amended by chapter 466 of the laws of 2024, is amended to read as  
46 follows:

47 2. An institutional dispenser may dispense controlled substances for  
48 use off its premises only pursuant to a prescription, prepared and filed  
49 in conformity with this title, provided, however, that, in an emergency  
50 situation as defined by rule or regulation of the department, a practi-  
51 tioner in a hospital without a full-time pharmacy may dispense  
52 controlled substances to a patient in a hospital emergency room for use  
53 off the premises of the institutional dispenser for a period not to  
54 exceed twenty-four hours, [unless the federal drug enforcement adminis-  
55 tration has authorized a longer time period for the purpose of initiat-  
56 ing maintenance treatment, detoxification treatment, or both] and

1 provided further that a practitioner in any institutional dispenser may  
 2 dispense controlled substances as emergency treatment to a patient for  
 3 use off the premises of the institutional dispenser as authorized by the  
 4 federal drug enforcement administration for the purpose of initiating  
 5 maintenance treatment, detoxification treatment, or both.

6 § ~~20~~21. Subdivision 1 of section 3302 of the public health law, as  
 7 amended by chapter 92 of the laws of 2021, is amended to read as  
 8 follows:

9 1. ["Addict"] "Person with a substance use disorder" means a person  
 10 who habitually uses a controlled substance for a non-legitimate or  
 11 unlawful use, and who by reason of such use is dependent thereon.

12 § ~~21~~22. Subdivision 1 of section 3331 of the public health law, as added  
 13 by chapter 878 of the laws of 1972, is amended to read as follows:

14 1. Except as provided in titles III or V of this article, no substance  
 15 in schedules II, III, IV, or V may be prescribed for or dispensed or  
 16 administered to [an addict] a person with a substance use disorder or  
 17 habitual user.

18 § ~~22~~23. The title heading of title 5 of article 33 of the public health  
 19 law, as added by chapter 878 of the laws of 1972, is amended to read as  
 20 follows:

21 DISPENSING TO [ADDICTS]  
 22 PERSONS WITH A SUBSTANCE USE DISORDER  
 23 AND HABITUAL USERS

24 § ~~23~~24. Section 3350 of the public health law, as added by chapter 878  
 25 of the laws of 1972, is amended to read as follows:

26 § 3350. Dispensing prohibition. Controlled substances may not be  
 27 prescribed for, or administered or dispensed to [addicts] persons with a  
 28 substance use disorder or habitual users of controlled substances,  
 29 except as provided by this title or title III of this article.

30 § ~~24~~25. Section 3351 of the public health law, as added by chapter 878  
 31 of the laws of 1972 and subdivision 5 as amended by chapter 558 of the  
 32 laws of 1999, is amended to read as follows:

33 § 3351. Dispensing for medical use. 1. Controlled substances may be  
 34 prescribed for, or administered or dispensed to [an addict] a person  
 35 with a substance use disorder or habitual user:

36 (a) during emergency medical treatment unrelated to [abuse] such  
 37 substance use disorder or habitual use of controlled substances;

38 (b) who is a bona fide patient suffering from an incurable and fatal  
 39 disease such as cancer or advanced tuberculosis;

40 (c) who is aged, infirm, or suffering from serious injury or illness  
 41 and the withdrawal from controlled substances would endanger the life or  
 42 impede or inhibit the recovery of such person.

43 1-a. A practitioner may prescribe, administer and dispense any sched-  
 44 ule III, IV, or V narcotic drug approved by the federal food and drug  
 45 administration specifically for use in maintenance or detoxification  
 46 treatment to a person with a substance use disorder or habitual user.

47 2. Controlled substances may be ordered for use by [an addict] a  
 48 person with a substance use disorder or habitual user by a practitioner  
 49 and administered by a practitioner [or], registered nurse, or emergency  
 50 medical technician-paramedic, acting within their scope of practice, to  
 51 relieve acute withdrawal symptoms.

52 3. Methadone, or such other controlled substance designated by the  
 53 commissioner as appropriate for such use, may be ordered for use [of an  
 54 addict] by a person with a substance use disorder by a practitioner and  
 55 dispensed or administered by a practitioner or [his] their designated

1 agent as interim treatment for [an addict on a waiting list for admis-  
 2 sion to an authorized maintenance program] a person with a substance use  
 3 disorder while arrangements are being made for referral to treatment for  
 4 such substance use disorder.

5 4. Methadone, or such other controlled substance designated by the  
 6 commissioner as appropriate for such use, may be administered to [an  
 7 addict] a person with a substance use disorder by a practitioner or by  
 8 [his] their designated agent acting under the direction and supervision  
 9 of a practitioner, as part of a [regime] regimen designed and intended  
 10 as maintenance or detoxification treatment or to withdraw a patient from  
 11 addiction to controlled substances.

12 5. [Methadone] Notwithstanding any other law and consistent with  
 13 federal requirements, methadone, or such other controlled substance  
 14 designated by the commissioner as appropriate for such use, may be  
 15 administered or dispensed directly to [an addict] a person with a  
 16 substance use disorder by a practitioner or by [his] their designated  
 17 agent acting under the direction and supervision of a practitioner, as  
 18 part of a substance [abuse or chemical dependence] use disorder program  
 19 approved pursuant to article [twenty-three or] thirty-two of the mental  
 20 hygiene law.

21 § ~~25~~26. Section 3372 of the public health law, as amended by chapter 195  
 22 of the laws of 1973, is amended to read as follows:

23 § 3372. Practitioner patient reporting. It shall be the duty of every  
 24 attending practitioner and every consulting practitioner to report  
 25 promptly to the commissioner, or [his] the commissioner's duly desig-  
 26 nated agent, the name and, if possible, the address of, and such other  
 27 data as may be required by the commissioner with respect to, any person  
 28 under treatment if [he] the commissioner~~practitioner~~ finds that such  
 29 person is [an

30 addict] a person with an opioid use disorder or a habitual user of  
 31 any narcotic drug] ~~a person with a~~  
 32 substance use disorder. Such report shall be kept confidential and may  
 33 be utilized only for statistical, epidemiological or research purposes,  
 34 except that those reports which originate in the course of a criminal  
 35 proceeding other than under section 81.25 of the mental hygiene law  
 36 shall be subject only to the confidentiality requirements of section  
 37 thirty-three hundred seventy-one of this article.

38 § 2627. This act shall take effect immediately; provided, however, that  
 39 the amendments to subdivision 2 of section 3342 of the public health law  
 40 made by section nineteen of this act, shall take effect on the same date  
 41 and in the same manner as chapter 466 of the laws of 2024, takes effect.

40

## PART P

41 Section 1. Section 2805-b of the public health law is amended by  
 42 adding a new subdivision 6 to read as follows:

43 6. When emergency services are provided as an organized service of a  
 44 general hospital licensed pursuant to this article, the hospital must  
 45 terminate the pregnancy of any individual presenting for care at the  
 46 hospital if the individual has an emergency medical condition, and  
 47 termination of the pregnancy is needed to stabilize that individual,  
 48 unless the individual (or the individual's legally authorized represen-  
 49 tative, when the legally authorized representative is authorized to act  
 50 on behalf of the individual) does not consent to the treatment. If such  
 51 consent is not provided, a general hospital meets the requirements of  
 52 this subdivision with respect to an individual if the hospital offers  
 53 the individual the treatment. Hospitals that have limited capability for  
 54 receiving and treating high risk maternity patients in need of special-

1 or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.

4

## PART R

5 Section 1. Section 3001 of the public health law is amended by adding  
6 three new subdivisions 22, 23 and 24 to read as follows:

7 22. "Emergency medical services agencies" shall mean organized entities certified or licensed by the department to provide emergency medical service, including ambulance services, advanced life support first response services, and other integrated first response services responsible for providing emergency medical services.

12 23. "Communities" shall include counties, cities, towns, villages, and special districts within New York state.

14 24. "Scoring matrix" shall refer to the emergency medical community assessment program framework of criteria and weightings established by the department for evaluating emergency medical services systems and agencies.

18 § 2. Section 3008 of the public health law is amended by adding a new subdivision 4-a to read as follows:

20 4-a. In determining public need for additional emergency medical services, the regional emergency medical services councils shall consider factors related to access, community need, consistency with state emergency medical system plans, and the feasibility and impact of the proposed service, including any innovations or improvements in service delivery, and other factors as determined by the commissioner.

26 § 3. The public health law is amended by adding a new section 3019 to read as follows:

28 § 3019. Emergency medical community assessment program. 1. The emergency medical community assessment program is hereby established to evaluate and enhance the emergency medical services throughout the state. The program shall assess the capabilities and performance of emergency medical services agencies and the service they provide to the communities they serve, assigning scores to identify strengths, deficiencies, and areas for improvement.

35 2. The department, in consultation with the state council and other stakeholders, shall establish the criteria and scoring matrix to evaluate emergency medical services systems. Criteria shall include, but not be limited to, system organization, access to care, response effectiveness, operational efficiency, and quality improvement. The scoring matrix shall ensure objective evaluations and consistency statewide, with assessments informing resource allocation and system improvements. Assessment results shall be publicly accessible and integrated into county emergency medical services plans to identify gaps, prioritize resources, and enhance system readiness and sustainability.

45 3. The department shall prepare and publish, in a manner determined by the department, a comprehensive statewide report of the emergency medical community assessment program results at least every five years, or at such intervals as deemed necessary by the commissioner.

49 4. All jurisdictions and emergency medical services agencies, except cities with populations of one million or more, shall participate in the program and provide timely and accurate information. Cities with populations of one million or more may participate in the program.

52 5. The commissioner is authorized to allocate funding to assist counties and agencies in implementing the program, conducting assessments, addressing deficiencies, and improving system performance and shall

1 prioritize areas with significant resource gaps and align with program  
2 objectives.

3 § 4. The public health law is amended by adding a new section 3019-a  
4 to read as follows:

5 § 3019-a. Statewide comprehensive emergency medical system plan. 1.  
6 The state emergency medical services council, in collaboration and with  
7 final approval of the department, shall develop and maintain a statewide  
8 comprehensive emergency medical system plan that shall provide for a  
9 coordinated emergency medical system within the state, which shall  
10 include but not be limited to:

11 (a) establishing a comprehensive statewide emergency medical system,  
12 consisting of facilities, transportation, workforce, communications, and  
13 other components to improve the delivery, access and utilization of  
14 emergency medical services and thereby decrease morbidity, hospitaliza-  
15 tion, disability, and mortality;

16 (b) improving the accessibility of high-quality emergency medical  
17 services;

18 (c) coordinating professional medical organizations, hospitals, and  
19 other public and private agencies in developing alternative delivery  
20 models for persons who are presently using emergency departments for  
21 routine, nonurgent and primary medical care to be served appropriately  
22 and economically; provided, however, that the provisions of this subdivi-  
23 sion shall not be mandated for cities with a population of one million  
24 or more; and

25 (d) developing, conducting, promoting, and encouraging programs of  
26 initial and advanced education and training designed to enhance and  
27 recognize the knowledge and skills of emergency medical services practi-  
28 tioners throughout the state with emphasis on regions underserved by or  
29 with limited access to emergency medical services.

30 2. The statewide comprehensive emergency medical system plan shall be  
31 reviewed, updated if necessary, and published every five years on the  
32 department's website, or at such earlier times as may be necessary to  
33 improve the effectiveness and efficiency of the state's emergency  
34 medical services system.

35 3. Each county shall develop and maintain a comprehensive county emer-  
36 gency medical system plan, in a manner and format established by the  
37 department, that shall provide for a coordinated emergency medical  
38 system within the county to provide essential emergency medical services  
39 for all residents within the county. The county office of emergency  
40 medical services shall be responsible for the development, implementa-  
41 tion, and maintenance of the comprehensive county emergency medical  
42 system plan.

43 (a) County plans shall require review and approval by the department.  
44 The state emergency medical services council and the regional emergency  
45 medical services council may review county plans and provide recommenda-  
46 tions to the department prior to final approval.

47 (b) Any permanent modifications to the approved county emergency  
48 medical system plan, including the dissolution of an ambulance service  
49 district or other significant modification of emergency medical services  
50 agency coverage, including but not limited to an agency choosing to stop  
51 servicing an area that is not otherwise served by an agency, shall  
52 require review and approval by the department prior to implementation.  
53 Such modifications shall be submitted in writing to the department no  
54 less than one hundred eighty days before the proposed effective date of  
55 the county plans.



1 (c) The county plan shall designate a primary responding emergency  
2 medical services agency or agencies responsible for responding to  
3 requests for emergency medical services within each part of the county.  
4 No emergency medical services agency designated in the county plan, may  
5 refuse to respond to a request for service within their primary response  
6 area or as listed in the plan unless they can prove, to the satisfaction  
7 of the department, that they are unable to respond because of capacity  
8 limitations.

9 (d) The county plan shall incorporate all ambulance services that hold  
10 a valid ambulance service certificate and have any designated geographic  
11 area within the county listed as primary territory on the operating  
12 certificate issued by the department.

13 (e) No county shall remove or reassign an area served by an existing  
14 emergency medical services agency where such emergency medical services  
15 agency is compliant with all statutory and regulatory requirements, and  
16 has agreed to participate in the provision of the approved county plan.

17 (f) The county plan shall incorporate findings from the emergency  
18 medical community assessment program, as described in section three  
19 thousand nineteen of this article, to identify opportunities for  
20 improvement, prioritize resource allocation, and determine additional  
21 needs for emergency medical services within the county.

22 (g) The county plan shall include any findings which demonstrate a  
23 public need for additional emergency medical services based on the  
24 considerations outlined in section three thousand eight of this article.  
25 Such findings shall be submitted to the regional emergency medical  
26 services council and the state emergency medical services council to  
27 provide recommendations and inform decisions related to regional deter-  
28 minations of public need.

29 § 5. The opening paragraph of subdivision 1 of section 122-b of the  
30 general municipal law, as amended by chapter 471 of the laws of 2011, is  
31 amended and a new ~~paragraph (g)~~ subdivision 6 is added to read as follows:

32 [Any] General ambulance services are an essential service and a matter  
33 of state concern. Every county, city, town [or] and village, acting  
34 individually or jointly or in conjunction with a special district, ~~may~~  
35 ~~provide~~ shall ensure that an emergency medical service, a general ambu-  
36 lance service or a combination of such services ~~are provided~~ for the  
37 purpose of providing prehospital emergency medical treatment or trans-  
38 porting sick or injured persons found within the boundaries of the muni-  
39 cipality or the municipalities acting jointly to a hospital, clinic,  
40 sanatorium or other place for treatment of such illness or injury[, ~~and~~  
41 ~~for~~ provided, however, the provisions of this subdivision shall not  
42 ~~apply to a city with a population of one million or more.~~ For purposes  
43 of this section, "special district" shall have the same meaning as  
44 "improvement districts" as defined in article twelve-a of the town law.

45 In furtherance of that purpose, a county, city, town or village may:

46 ~~(g) Establish~~6. A county may establish a special district for the  
financing and operation of

47 general ambulance services, including support for agencies currently  
48 providing emergency medical services, as set forth by ~~this~~  
~~section~~ subdivision one of this section,

49 whereby any county, ~~city, town or village~~, acting individually, or  
50 jointly with any other county, city, town and/or village, through its  
51 governing body or bodies, following applicable procedures as are  
52 required for the establishment of fire districts in article eleven of  
53 the town law or following applicable procedures as are required for the  
54 establishment of joint fire districts in article eleven-A of the town  
55 law, with such special district being authorized by this section to be  
56 established in all or any part of any such participating county or coun-

~~1 ties, town or towns, city or cities and/or village or villages; provided  
2 that the term "town board", "town", or "commissioner", insofar as either  
3 is used in article eleven or article eleven-A of the town law, shall  
4 mean the legislative body of a village, city having a population less  
5 than one million, and county outside of any such city, as applicable for  
6 such village, city, and county to establish or extend a special district  
7 or special improvement district as authorized under this section.~~

8 Notwithstanding any provision of this article, rule or regulation to the  
9 contrary, any special district created under this section shall not  
10 overlap with a pre-existing city, town or village ambulance district  
11 unless such existing district is merged into the newly created district.  
12 No city, town or village shall eliminate or dissolve a pre-existing  
13 ambulance district without express approval and consent by the county to  
14 assume responsibility for the emergency medical services previously  
15 provided by such district. Such express county approval and consent  
16 shall be adopted by resolution of the county legislative body, and the  
17 resolution shall be filed with the Department of State. When a special  
18 district is established pursuant to this article, the cities, towns, or  
19 villages contained within the county shall not reduce current ambulance  
20 funding without such changes being incorporated into the comprehensive  
21 county emergency medical system plan.

22 § 6. Section 3000 of the public health law, as amended by chapter 804  
23 of the laws of 1992, is amended to read as follows:

24 § 3000. Declaration of policy and statement of purpose. The furnishing  
25 of medical assistance in an emergency is a matter of vital state concern  
26 affecting the public health, safety and welfare. Emergency medical  
27 services and ambulance services are essential services and shall be  
28 available to every person in the state in a reliable manner. Prehospital  
29 emergency medical care, other emergency medical services, the provision  
30 of prompt and effective communication among ambulances and hospitals and  
31 safe and effective care and transportation of the sick and injured are  
32 essential public health services and shall be available to every person  
33 in the state in a reliable manner.

34 It is the purpose of this article to promote the public health, safety  
35 and welfare by providing for certification of all advanced life support  
36 first response services and ambulance services; the creation of regional  
37 emergency medical services councils; and a New York state emergency  
38 medical services council to develop minimum training standards for  
39 certified first responders, emergency medical technicians and advanced  
40 emergency medical technicians and minimum equipment and communication  
41 standards for advanced life support first response services and ambu-  
42 lance services.

43 § 7. Subdivision 1 of section 3001 of public health law, as amended by  
44 chapter 804 of the laws of 1992, is amended to read as follows:

45 1. "Emergency medical service" means [initial emergency medical  
46 assistance including, but not limited to, the treatment of trauma,  
47 burns, respiratory, circulatory and obstetrical emergencies.] a coordi-  
48 nated system of medical response, including assessment, treatment,  
49 transportation, emergency medical dispatch, medical direction, and emer-  
50 gency medical services education that provides essential emergency and  
51 non-emergency care and transportation for the ill and injured, while  
52 supporting public health, emergency preparedness, and risk mitigation  
53 through an organized and planned response system.

54 § 8. The public health law is amended by adding a new section 3003-c  
55 to read as follows:

1     § 3003-c. Emergency medical services demonstration programs. 1. The  
2 purpose of this section is to promote innovation in emergency medical  
3 services by enabling agencies and practitioners to develop and test  
4 novel delivery models and care strategies that address the diverse needs  
5 of their communities. This includes improving patient outcomes, system  
6 efficiency, and cost-effectiveness, particularly in rural and under-  
7 served regions. Demonstration programs may enhance the operational goals  
8 of state and county emergency medical services plans and serve as models  
9 for broader adoption statewide.

10     2. The commissioner is authorized to:

11     (a) approve emergency medical services demonstration programs that  
12 align with the objectives of this section, ensuring that they address  
13 regional needs and promote system-level improvements;

14     (b) provide financial support for these programs, subject to the  
15 availability of appropriated funds; and

16     (c) grant ~~narrowly-tailored~~ waivers for specific provisions of this  
17 article, article thirty-A of this chapter, or applicable regulations, as  
18 necessary to implement approved demonstration programs. Waivers shall  
19 prioritize patient safety and the integrity of care delivery.

20     3. Emergency medical services demonstration programs shall be submit-  
21 ted to the department for review and approval prior to implementation.  
22 Proposals must include a detailed plan outlining program objectives,  
23 operational details, anticipated outcomes, and mechanisms to ensure  
24 patient safety and compliance with applicable laws and regulations.  
25 Approved demonstration programs shall undergo periodic evaluation,  
26 assessing metrics such as patient outcomes, system performance, and  
27 cost-effectiveness, to ensure alignment with program goals and inform  
28 potential statewide adoption.

29     4. Demonstration programs approved under this section shall not  
30 include, overlap, or replicate services included in the community-based  
31 paramedicine demonstration program as defined under section three thou-  
32 sand eighteen of this article.

33     § 9. Section 3020 of the public health law is amended by adding a new  
34 subdivision 3 to read as follows:

35     3. The department, in consultation with the state council, shall  
36 establish standards for the licensure of emergency medical services  
37 practitioners by the commissioner. Such standards shall align with  
38 existing requirements for certification and shall not impose additional  
39 burdens or requirements beyond those necessary to ensure competence and  
40 public safety. The term "licensed" shall replace "certified" to reflect  
41 the professional status of emergency medical services practitioners,  
42 including but not limited to emergency medical technicians and advanced  
43 emergency medical technicians.

44     § 10. This act shall take effect six months after it shall have become  
45 a law.

46

## PART S

47     Section 1. Section 4552 of the public health law, as added by section  
48 1 of part M of chapter 57 of the laws of 2023, is amended to read as  
49 follows:

50     § 4552. Notice of material transactions; requirements. 1. A health  
51 care entity shall submit to the department written notice, with support-  
52 ing documentation as described below and further defined in regulation  
53 developed by the department, which the department shall be in receipt of  
54 at least [thirty] sixty days before the closing date of the transaction,

1 § 6. This act shall take effect immediately and shall be deemed to be  
2 in full force and effect on and after April 1, 2025.

3 PART V

4 ~~Section 1. This part enacts into law major components of legislation  
5 relating to the scope of practice of certified nurse aides, medical  
6 assistants, pharmacists, and pharmacy technicians. Each component is  
7 wholly contained within a Subpart identified as Subparts A through F.  
8 The effective date for each particular provision contained within such  
9 Subpart is set forth in the last section of such Subpart. Any provision  
10 in any section contained within a Subpart, including the effective date  
11 of the Subpart, which makes reference to a section "of this act", when  
12 used in connection with that particular component, shall be deemed to  
13 mean and refer to the corresponding section of the Subpart in which it  
14 is found. Section three of this Part sets forth the general effective  
15 date of this Part.~~

16 ~~SUBPART A~~

17 ~~Section 1. Section 6908 of the education law is amended by adding a  
18 new subdivision 3 to read as follows:~~

19 ~~3. This article shall not be construed as prohibiting medication  
20 related tasks provided by a certified medication aide working in a resi-  
21 dential health care facility, as defined in section twenty-eight hundred  
22 one of the public health law, in accordance with regulations developed  
23 by the commissioner of health, in consultation with the commissioner.  
24 The commissioner of health, in consultation with the commissioner, shall  
25 adopt regulations governing certified medication aides that, at a mini-  
26 mum, shall:~~

27 ~~a. specify the medication-related tasks that may be performed by  
28 certified medication aides pursuant to this subdivision. Such tasks  
29 shall include the administration of medications which are routine and  
30 pre-filled or otherwise packaged in a manner that promotes relative ease  
31 of administration, provided that administration of medications by  
32 injection, sterile procedures, and central line maintenance shall be  
33 prohibited. Provided, however, such prohibition shall not apply to  
34 injections of insulin or other injections for diabetes care, to  
35 injections of low molecular weight heparin, and to pre-filled auto-in-  
36 jections of naloxone and epinephrine for emergency purposes, and  
37 provided, further, that entities employing certified medication aides  
38 pursuant to this subdivision shall establish a systematic approach to  
39 address drug diversion;~~

40 ~~b. provide that medication-related tasks performed by certified medi-  
41 cation aides may be performed only under appropriate supervision as  
42 determined by the commissioner of health;~~

43 ~~c. establish a process by which a registered professional nurse may  
44 assign medication-related tasks to a certified medication aide. Such  
45 process shall include, but not be limited to:~~

46 ~~(i) allowing assignment of medication-related tasks to a certified  
47 medication aide only where such certified medication aide has demon-  
48 strated to the satisfaction of the supervising registered professional  
49 nurse competency in every medication-related task that such certified  
50 medication aide is authorized to perform, a willingness to perform such  
51 medication-related tasks, and the ability to effectively and efficiently~~

~~1 communicate with the individual receiving services and understand such  
2 individual's needs;  
3 (ii) authorizing the supervising registered professional nurse to  
4 revoke any assigned medication-related task from a certified medication  
5 aide for any reason; and  
6 (iii) authorizing multiple registered professional nurses to jointly  
7 agree to assign medication-related tasks to a certified medication aide,  
8 provided further that only one registered professional nurse shall be  
9 required to determine if the certified medication aide has demonstrated  
10 competency in the medication-related task to be performed;  
11 d. provide that medication-related tasks may be performed only in  
12 accordance with and pursuant to an authorized health practitioner's  
13 ordered care;  
14 e. provide that only a certified nurse aide may perform medication-re-  
15 lated tasks as a certified medication aide when such aide has:  
16 (i) a valid New York state nurse aide certificate;  
17 (ii) a high school diploma, or its equivalent;  
18 (iii) evidence of being at least eighteen years old;  
19 (iv) at least one year of experience providing nurse aide services in  
20 a residential health care facility licensed pursuant to article twenty-  
21 eight of the public health law or a similarly licensed facility in  
22 another state or United States territory;  
23 (v) the ability to read, write, and speak English and to perform basic  
24 math skills;  
25 (vi) completed the requisite training and demonstrated competencies of  
26 a certified medication aide as determined by the commissioner of health  
27 in consultation with the commissioner;  
28 (vii) successfully completed competency examinations satisfactory to  
29 the commissioner of health in consultation with the commissioner; and  
30 (viii) meets other appropriate qualifications as determined by the  
31 commissioner of health in consultation with the commissioner;  
32 f. prohibit a certified medication aide from holding themselves out,  
33 or accepting employment as, a person licensed to practice nursing under  
34 the provisions of this article;  
35 g. provide that a certified medication aide is not required nor  
36 permitted to assess the medication or medical needs of an individual;  
37 h. provide that a certified medication aide shall not be authorized to  
38 perform any medication-related tasks or activities pursuant to this  
39 subdivision that are outside the scope of practice of a licensed practi-  
40 cal nurse or any medication-related tasks that have not been appropri-  
41 ately assigned by the supervising registered professional nurse;  
42 i. provide that a certified medication aide shall document all medica-  
43 tion-related tasks provided to an individual, including medication  
44 administration to each individual through the use of a medication admin-  
45 istration record; and  
46 j. provide that the supervising registered professional nurse shall  
47 retain the discretion to decide whether to assign medication-related  
48 tasks to certified medication aides under this program and shall not be  
49 subject to coercion, retaliation, or the threat of retaliation.  
50 § 2. Section 6909 of the education law is amended by adding a new  
51 subdivision 12 to read as follows:  
52 12. A registered professional nurse, while working for a residential  
53 health care facility licensed pursuant to article twenty-eight of the  
54 public health law, may, in accordance with this subdivision, assign  
55 certified medication aides to perform medication-related tasks for indi-  
56 viduals pursuant to the provisions of subdivision three of section~~

~~1 sixty-nine hundred eight of this article and supervise certified medica-  
2 tion aides who perform assigned medication-related tasks.~~

~~3 § 3. Paragraph (a) of subdivision 3 of section 2803-j of the public  
4 health law, as added by chapter 717 of the laws of 1989, is amended to  
5 read as follows:~~

~~6 (a) Identification of individuals who have successfully completed a  
7 nurse aide training and competency evaluation program, [or] a nurse aide  
8 competency evaluation program, or a medication aide program;~~

~~9 § 4. The commissioner of health shall, in consultation with the  
10 commissioner of education, issue a report on the implementation of  
11 certified medication aides in residential care facilities in the state  
12 two years after the effective date of this act. Such report shall  
13 include the number of certified medication aides authorized pursuant to  
14 this act; the impact, if any, that the introduction of certified medica-  
15 tion aides had on workforce availability in residential care facilities  
16 and/or the retention of registered nurses and/or licensed practical  
17 nurses working in residential care facilities; the number of complaints  
18 pertaining to services provided by certified medication aides that were  
19 reported to the department of health; and the number of certified medi-  
20 cation aides who had their authorization limited or revoked. Such report  
21 shall provide recommendations to the governor and the chairs of the  
22 senate and assembly health and higher education committees regarding the  
23 implementation of certified medication aides pursuant to this act, and  
24 any recommendations related thereto.~~

~~25 § 5. This act shall take effect on the one hundred eightieth day after  
26 it shall have become a law and shall expire ten years following such  
27 effective date when upon such date the provisions of this act shall  
28 expire and be deemed repealed.~~

~~29~~ SUBPART B

~~30 Section 1. Section 6526 of the education law is amended by adding a  
31 new subdivision 9-a to read as follows:~~

~~32 9-a. A medical assistant when drawing and administering an immuniza-  
33 tion in an outpatient office setting under the direct supervision of a  
34 physician or a physician assistant.~~

~~35 § 2. The public health law is amended by adding a new section 2113 to  
36 read as follows:~~

~~37 § 2113. Administration of immunizations; medical assistants. Notwith-  
38 standing any other law, rule, or regulation to the contrary, physicians  
39 and physician assistants are hereby authorized to delegate the task of  
40 drawing up and administering immunizations to medical assistants in  
41 outpatient office settings provided such immunizations are recommended  
42 by the advisory committee for immunization practices (ACIP) of the  
43 Centers for Disease Control and Prevention; and provided further that  
44 medical assistants receive appropriate training and adequate supervision  
45 determined pursuant to regulations by the commissioner in consultation  
46 with the commissioner of education.~~

~~47 § 3. This act shall take effect on the one hundred eightieth day after  
48 it shall have become a law. Effective immediately, the addition, amend-  
49 ment and/or repeal of any rule or regulation necessary for the implemen-  
50 tation of this act on its effective date are authorized to be made and  
51 completed on or before such effective date.~~

~~52~~ SUBPART C

~~1 Section 1. Paragraph (a) and (b) of subdivision 7 of section 6527 of  
2 the education law, as amended by chapter 555 of the laws of 2021, are  
3 amended to read as follows:~~

~~4 (a) administering immunizations to prevent influenza and COVID-19 to  
5 patients two years of age or older; and (b) administering immunizations  
6 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,  
7 human papillomavirus, measles, mumps, rubella, varicella, [COVID-19,]  
8 meningococcal, tetanus, diphtheria or pertussis disease and medications  
9 required for emergency treatment of anaphylaxis to patients eighteen  
10 years of age or older; and~~

~~11 § 2. Paragraph (b) of subdivision 4 of section 6801 of the education  
12 law, as amended by section 1 of part DD of chapter 57 of the laws of  
13 2018, is amended to read as follows:~~

~~14 (b) education materials on influenza and COVID-19 vaccinations for  
15 children as determined by the commissioner and the commissioner of  
16 health.~~

~~17 § 3. Subparagraph 2 of paragraph (a) of subdivision 22 of section 6802  
18 of the education law, as amended by chapter 802 of the laws of 2022, is  
19 amended to read as follows:~~

~~20 (2) the direct application of an immunizing agent to children between  
21 the ages of two and eighteen years of age, whether by injection, inges-  
22 tion, inhalation or any other means, pursuant to a patient specific  
23 order or non-patient specific regimen prescribed or ordered by a physi-  
24 cian or certified nurse practitioner, for immunization to prevent influ-  
25 enza and COVID-19 and medications required for emergency treatment of  
26 anaphylaxis resulting from such immunization. If the commissioner of  
27 health determines that there is an outbreak of influenza or COVID-19, or  
28 that there is the imminent threat of an outbreak of influenza or COVID-  
29 19, then the commissioner of health may issue a non-patient specific  
30 regimen applicable statewide.~~

~~31 § 4. Paragraphs (a) and (b) of subdivision 7 of section 6909 of the  
32 education law, as amended by chapter 555 of the laws of 2021, are  
33 amended to read as follows:~~

~~34 (a) administering immunizations to prevent influenza and COVID-19 to  
35 patients two years of age or older; and (b) administering immunizations  
36 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,  
37 human papillomavirus, measles, mumps, rubella, varicella, [COVID-19,]  
38 meningococcal, tetanus, diphtheria or pertussis disease and medications  
39 required for emergency treatment of anaphylaxis to patients eighteen  
40 years of age or older; and~~

~~41 § 5. Subdivision 1 of section 6841 of the education law, as added by  
42 chapter 414 of the laws of 2019, is amended to read as follows:~~

~~43 1. (a) A registered pharmacy technician may, under the direct personal  
44 supervision of a licensed pharmacist, assist such licensed pharmacist,  
45 as directed, in compounding, preparing, labeling, or dispensing of drugs  
46 used to fill valid prescriptions or medication orders or in compounding,  
47 preparing, and labeling in anticipation of a valid prescription or medi-  
48 cation order for a patient to be served by the facility, in accordance  
49 with article one hundred thirty-seven of this title where such tasks  
50 require no professional judgment. Such professional judgment shall only  
51 be exercised by a licensed pharmacist. A registered pharmacy technician  
52 may administer the same immunizations as licensed pharmacists are  
53 authorized to administer under the direct supervision of a licensed  
54 pharmacist consistent with the training and other requirements in arti-  
55 cle one hundred thirty-seven of this title. A registered pharmacy tech-  
56 nician may only practice in a facility licensed in accordance with arti-~~

~~1 cle twenty-eight of the public health law, or a pharmacy owned and  
 2 operated by such a facility, under the direct personal supervision of a  
 3 licensed pharmacist employed in such a facility or pharmacy. Such facil-  
 4 ity shall be responsible for ensuring that the registered pharmacy tech-  
 5 nician has received appropriate training, in accordance with paragraph  
 6 (b) of this subdivision, to ensure competence before [he or she] such  
 7 registered pharmacy technician begins assisting a licensed pharmacist in  
 8 compounding, administering immunizations, preparing, labeling, or  
 9 dispensing of drugs, in accordance with this article and article one  
 10 hundred thirty-seven of this title. For the purposes of this article,  
 11 direct personal supervision means supervision of procedures based on  
 12 instructions given directly by a supervising licensed pharmacist who  
 13 remains in the immediate area where the procedures are being performed,  
 14 authorizes the procedures and evaluates the procedures performed by the  
 15 registered pharmacy technicians and a supervising licensed pharmacist  
 16 shall approve all work performed by the registered pharmacy technician  
 17 prior to the actual dispensing of any drug.~~

~~18 (b) No registered pharmacy technician shall administer immunizing  
 19 agents without receiving training satisfactory to the commissioner, in  
 20 consultation with the commissioner of health, as prescribed in regu-  
 21 lations of the commissioner, which shall include, but not be limited to:  
 22 techniques for screening individuals and obtaining informed consent;  
 23 techniques of administration; indications, precautions, and contraindi-  
 24 cations in the use of an agent or agents; recordkeeping of immunization  
 25 and information; and handling emergencies, including anaphylaxis and  
 26 needlestick injuries. The registered pharmacy technician and the facili-  
 27 ty shall maintain documentation that the registered pharmacy technician  
 28 has completed the required training, pursuant to regulations of the  
 29 commissioner.~~

~~30 § 6. This act shall take effect immediately and shall be deemed to  
 31 have been in full force and effect on and after April 1, 2025.~~

~~32 SUBPART D~~

~~33 Section 1. Section 6801 of the education law is amended by adding a  
 34 new subdivision 10 to read as follows:~~

~~35 10. A licensed pharmacist within their lawful scope of practice may  
 36 prescribe and order medications to treat nicotine dependence approved by  
 37 the federal food and drug administration for smoking cessation.~~

~~38 § 2. This act shall take effect nine months after it shall have become  
 39 a law.~~

~~40 SUBPART E~~

~~41 Section 1. Notwithstanding any other provision of law, rule, or regu-  
 42 lation to the contrary, the following articles of title 8 of the educa-  
 43 tion law governing the healthcare professions are hereby REPEALED and  
 44 all removed provisions, and all powers authorized pursuant to such  
 45 provisions, are hereby added to the public health law under the authori-  
 46 ty of the commissioner of health, pursuant to a plan to be proposed not  
 47 inconsistent with this section, which shall include the text of the new  
 48 laws to be adopted.~~

~~49 Article 131 MEDICINE~~

~~50 Article 131-A DEFINITIONS OF PROFESSIONAL MISCONDUCT APPLICABLE TO  
 51 PHYSICIANS, PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS~~

~~52 Article 131-B PHYSICIAN ASSISTANTS~~



~~1 Article 131-C SPECIALIST ASSISTANTS~~

~~2 § 2. Transfer of functions, powers, duties and obligations. Notwith-~~  
~~3 standing any inconsistent provisions of law to the contrary, effective~~  
~~4 January 1, 2026, all functions, powers, duties and obligations of the~~  
~~5 education department concerning the professions of medicine, physicians,~~  
~~6 physician assistants, and specialist assistants under title 8 of the~~  
~~7 education law shall be transferred to the New York state department of~~  
~~8 health.~~

~~9 § 3. Transfer of records. All books, papers and property of the state~~  
~~10 education department with respect to the functions, powers and duties~~  
~~11 transferred by sections one through nine of this act are to be delivered~~  
~~12 to the appropriate offices within the department of health, at such~~  
~~13 place and time, and in such manner as the department of health requires.~~

~~14 § 4. Continuity of authority. For the purpose of all functions,~~  
~~15 powers, duties and obligations of the state education department trans-~~  
~~16 ferred to and assumed by the department of health, the department of~~  
~~17 health shall continue the operation of the provisions previously done by~~  
~~18 the state education department, pursuant to sections one through ten of~~  
~~19 this act.~~

~~20 § 5. Completion of unfinished business. Any business or other matter~~  
~~21 undertaken or commenced by the state education department pertaining to~~  
~~22 or connected with the functions, powers, duties and obligations hereby~~  
~~23 transferred and assigned to the department of health and pending on the~~  
~~24 effective date of January 1, 2026 shall be conducted and completed by~~  
~~25 the department of health in the same manner and under the same terms and~~  
~~26 conditions and with the same effect as if conducted and completed by the~~  
~~27 state education department.~~

~~28 § 6. Continuation of rules and regulations. All rules, regulations,~~  
~~29 acts, orders, determinations, and decisions of the state education~~  
~~30 department in force at the time of such transfer and assumption, shall~~  
~~31 continue in force and effect as rules, regulations, acts, orders, deter-~~  
~~32 minations and decisions of the department of health until duly modified~~  
~~33 or abrogated by the department of health.~~

~~34 § 7. Terms occurring in laws, contracts and other documents. When-~~  
~~35 ever the state education department is referred to or designated in any~~  
~~36 law, contract or document pertaining to the functions, powers, obli-~~  
~~37 gations and duties hereby transferred and assigned, such reference or~~  
~~38 designation shall be deemed to refer to department of health or the~~  
~~39 commissioner thereof.~~

~~40 § 8. Existing rights and remedies preserved. No existing right or~~  
~~41 remedy of any character shall be lost, impaired or affected by reason of~~  
~~42 sections one through ten of this act.~~

~~43 § 9. Pending actions or proceedings. No action or proceeding pending~~  
~~44 at the time when sections one through ten of this act shall take effect~~  
~~45 relating to the functions, powers and duties of the state education~~  
~~46 department transferred pursuant to sections one through eight of this~~  
~~47 act, brought by or against the state education department or board of~~  
~~48 regents shall be affected by any provision of this act, but the same may~~  
~~49 be prosecuted or defended in the name of the commissioner of the depart-~~  
~~50 ment of health. In all such actions and proceedings, the commissioner of~~  
~~51 health, upon application to the court, shall be substituted as a party.~~

~~52 § 10. Transfer of appropriations heretofore made to the state educa-~~  
~~53 tion department. Upon the transfer pursuant to sections one through nine~~  
~~54 of this act of the functions and powers possessed by and of the obli-~~  
~~55 gations and duties of the education department, all appropriations and~~  
~~56 reappropriations which shall have been made available as of the date of~~

~~1 such transfer to the education department, or segregated pursuant to  
2 law, to the extent of remaining unexpended or unencumbered balances  
3 thereof, whether allocated or unallocated and whether obligated or unob-  
4 ligated, shall be transferred to and made available for use and expendi-  
5 ture by the department of health and shall be payable on vouchers certi-  
6 fied or approved by the commissioner of taxation and finance, on audit  
7 and warrant of the comptroller. Payments of liabilities for expenses of  
8 personnel services, maintenance and operation which shall have been  
9 incurred as of the date of such transfer by the education department,  
10 and for liabilities incurred and to be incurred in completing its  
11 affairs, shall also be made on vouchers certified or approved by the  
12 commissioner of education on audit and warrant of the comptroller.  
13 § 11. This act shall take effect January 1, 2026.~~

~~14 SUBPART F~~

~~15 Section 1. Section 6542 of the education law, as amended by chapter  
16 520 of the laws of 2024, is amended to read as follows:~~

~~17 § 6542. Performance of medical services. 1. Notwithstanding any other  
18 provision of law, a physician assistant may perform medical services,  
19 but only when under the supervision of a physician and only when such  
20 acts and duties as are assigned to such physician assistant are within  
21 the scope of practice of such supervising physician unless otherwise  
22 permitted by this section.~~

~~23 1-a. (a) A physician assistant may practice without the supervision of  
24 a physician under the following circumstances:~~

~~25 (i) Where the physician assistant, licensed under section sixty-five  
26 hundred forty-one of this article has practiced for more than eight  
27 thousand hours within the same or a substantially similar specialty that  
28 the physician assistant seeks to practice in without supervision; and  
29 (A) is practicing in primary care. For purposes of this clause, "primary  
30 care" shall mean non-surgical care in the fields of general pediatrics,  
31 general adult medicine, general geriatric medicine, general internal  
32 medicine, obstetrics and gynecology, family medicine, or such other  
33 related areas as determined by the commissioner of health; or (B) is  
34 employed by a health system or hospital established under article twen-  
35 ty-eight of the public health law, and the health system or hospital  
36 determines the physician assistant meets the qualifications of the  
37 medical staff bylaws and the health system or hospital gives the physi-  
38 cian assistant privileges; and~~

~~39 (ii) Where a physician assistant licensed under section sixty-five  
40 hundred forty-one of this article has completed a program approved by  
41 the department of health, in consultation with the department, when such  
42 services are performed within the scope of such program.~~

~~43 (b) The department and the department of health are authorized to  
44 promulgate and update regulations pursuant to this section.~~

~~45 (c) In the event that a physician assistant seeks to practice in a  
46 substantially different specialty, the physician assistant shall  
47 complete at least eight thousand hours of practice in such new specialty  
48 before such physician assistant may practice without physician super-  
49 vision pursuant to subdivision (a) of this section.~~

~~50 2. [Supervision] Where supervision is required by this section, it  
51 shall be continuous but shall not be construed as necessarily requiring  
52 the physical presence of the supervising physician at the time and place  
53 where such services are performed.~~

~~1 3. [No physician shall employ or supervise more than six physician  
2 assistants in such physician's private practice at one time.  
3 4.] Nothing in this article shall prohibit a hospital from employing  
4 physician assistants, provided that they [work under the supervision of  
5 a physician designated by the hospital and not beyond the scope of prac-  
6 tice of such physician. The numerical limitation of subdivision three of  
7 this section shall not apply to services performed in a hospital.  
8 5. Notwithstanding any other provision of this article, nothing shall  
9 prohibit a physician employed by or rendering services to the department  
10 of corrections and community supervision under contract from supervising  
11 no more than eight physician assistants in such physician's practice for  
12 the department of corrections and community supervision at one time.  
13 6. Notwithstanding any other provision of law, a trainee in an  
14 approved program may perform medical services when such services are  
15 performed within the scope of such program] meet the qualifications of  
16 the medical staff bylaws and are given privileges and otherwise meet the  
17 requirements of this section.  
18 [7.] 4. A physician assistant shall be authorized to prescribe,  
19 dispense, order, administer, or procure items necessary to commence or  
20 complete a course of therapy.  
21 5. A physician assistant may prescribe and order a patient specific  
22 order or non-patient specific regimen to a licensed pharmacist or regis-  
23 tered professional nurse, pursuant to regulations promulgated by the  
24 commissioner of health, and consistent with the public health law, for  
25 administering immunizations. Nothing in this subdivision shall authorize  
26 unlicensed persons to administer immunizations, vaccines or other drugs.  
27 6. A physician assistant may prescribe and order a non-patient specif-  
28 ic regimen to a registered professional nurse, pursuant to regulations  
29 promulgated by the commissioner, and consistent with the public health  
30 law, for:  
31 (a) administering immunizations.  
32 (b) the emergency treatment of anaphylaxis.  
33 (c) administering purified protein derived (PPD) tests or other tests  
34 to detect or screen for tuberculosis infections.  
35 (d) administering tests to determine the presence of the human immuno-  
36 deficiency virus.  
37 (e) administering tests to determine the presence of the hepatitis C  
38 virus.  
39 (f) the urgent or emergency treatment of opioid related overdose or  
40 suspected opioid related overdose.  
41 (g) screening of persons at increased risk of syphilis, gonorrhea, and  
42 chlamydia.  
43 (h) administering electrocardiogram tests to detect signs and symptoms  
44 of acute coronary syndrome.  
45 (i) administering point-of-care blood glucose tests to evaluate acute  
46 mental status changes in persons with suspected hypoglycemia.  
47 (j) administering tests and intravenous lines to persons that meet  
48 severe sepsis and septic shock criteria.  
49 (k) administering tests to determine pregnancy.  
50 (l) administering tests to determine the presence of COVID-19 or its  
51 antibodies or influenza virus.  
52 [8.] 7. Nothing in this article, or in article thirty-seven of the  
53 public health law, shall be construed to authorize physician assistants  
54 to perform those specific functions and duties specifically delegated by  
55 law to those persons licensed as allied health professionals under the  
56 public health law or this chapter.~~

~~1 § 2. Subdivision 1 of section 3701 of the public health law, as  
2 amended by chapter 48 of the laws of 2012, is amended to read as  
3 follows:~~

~~4 1. to promulgate regulations defining and restricting the duties  
5 [which may be assigned to] of physician assistants [by their supervising  
6 physician, the degree of supervision required and the manner in which  
7 such duties may be performed] consistent with section sixty-five hundred  
8 forty-two of the education law;~~

~~9 § 3. Section 3702 of the public health law, as amended by section 48  
10 of the laws of 2012, and subdivision 1 as amended by chapter 520 of the  
11 laws of 2024, is amended to read as follows:~~

~~12 § 3702. Special provisions. 1. Inpatient medical orders. A licensed  
13 physician assistant employed or extended privileges by a hospital may,  
14 if permissible under the bylaws, rules and regulations of the hospital,  
15 write medical orders, including those for controlled substances and  
16 durable medical equipment, for inpatients [under the care of the physi-  
17 cian responsible for the supervision of such physician assistant. Coun-  
18 tersignature of such orders may be required if deemed necessary and  
19 appropriate by the supervising physician or the hospital, but in no  
20 event shall countersignature be required prior to execution].~~

~~21 2. Withdrawing blood. A licensed physician assistant or certified  
22 nurse practitioner acting within [his or her] such physician assistant's  
23 or certified nurse practitioner's lawful scope of practice may supervise  
24 and direct the withdrawal of blood for the purpose of determining the  
25 alcoholic or drug content therein under subparagraph one of paragraph  
26 (a) of subdivision four of section eleven hundred ninety-four of the  
27 vehicle and traffic law, notwithstanding any provision to the contrary  
28 in clause (ii) of such subparagraph.~~

~~29 3. Prescriptions for controlled substances. A licensed physician  
30 assistant, in good faith and acting within [his or her] such physician  
31 assistant's lawful scope of practice, and to the extent assigned by [his  
32 or her] the supervising physician as applicable under section sixty-five  
33 hundred forty-two of the education law, may prescribe controlled  
34 substances as a practitioner under article thirty-three of this chapter,  
35 to patients under the care of such physician responsible for [his or  
36 her] such physician assistant's supervision. The commissioner, in  
37 consultation with the commissioner of education, may promulgate such  
38 regulations as are necessary to carry out the purposes of this section.~~

~~39 § 4. Section 3703 of the public health law, as amended by chapter 48  
40 of the laws of 2012, is amended to read as follows:~~

~~41 § 3703. Statutory construction. A physician assistant may perform any  
42 function in conjunction with a medical service lawfully performed by the  
43 physician assistant, in any health care setting, that a statute author-  
44 izes or directs a physician to perform and that is appropriate to the  
45 education, training and experience of the licensed physician assistant  
46 and within the ordinary practice of the supervising physician, as appli-  
47 cable pursuant to section sixty-five hundred forty-two of the education  
48 law. This section shall not be construed to increase or decrease the  
49 lawful scope of practice of a physician assistant under the education  
50 law.~~

~~51 § 5. Paragraph a of subdivision 2 of section 902 of the education law,  
52 as amended by chapter 376 of the laws of 2015, is amended to read as  
53 follows:~~

~~54 a. The board of education, and the trustee or board of trustees of  
55 each school district, shall employ, at a compensation to be agreed upon  
56 by the parties, a qualified physician, a physician assistant, or a nurse~~

~~1 practitioner to the extent authorized by the nurse practice act and  
 2 consistent with subdivision three of section six thousand nine hundred  
 3 two of this chapter, to perform the duties of the director of school  
 4 health services, including any duties conferred on the school physician  
 5 or school medical inspector under any provision of law, to perform and  
 6 coordinate the provision of health services in the public schools and to  
 7 provide health appraisals of students attending the public schools in  
 8 the city or district. The physicians, physician assistants, or nurse  
 9 practitioners so employed shall be duly licensed pursuant to applicable  
 10 law.~~

~~11 § 6. Subdivision 27 of section 3302 of the public health law, as  
 12 amended by chapter 92 of the laws of 2021, is amended to read as  
 13 follows:~~

~~14 27. "Practitioner" means:~~

~~15 A physician, physician assistant, dentist, podiatrist, veterinarian,  
 16 scientific investigator, or other person licensed, or otherwise permit-  
 17 ted to dispense, administer or conduct research with respect to a  
 18 controlled substance in the course of a licensed professional practice  
 19 or research licensed pursuant to this article. Such person shall be  
 20 deemed a "practitioner" only as to such substances, or conduct relating  
 21 to such substances, as is permitted by [his] their license, permit or  
 22 otherwise permitted by law.~~

~~23 § 7. This act shall take effect December 31, 2025; provided, however,  
 24 that if the provisions of chapter 520 of the laws of 2024 have taken  
 25 effect on or before such date, then sections one and three of this act  
 26 shall take effect on the same date and in the same manner as such chap-  
 27 ter of the laws of 2024 takes effect; and provided further, however,  
 28 that the amendments to paragraph (l) of subdivision 7 of section 6542 of  
 29 the education law made by section one of this act shall not affect the  
 30 repeal of such paragraph and shall be deemed repealed therewith.~~

~~31 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
 32 sion, section, or subpart of this part shall be adjudged by any court of  
 33 competent jurisdiction to be invalid, such judgment shall not affect,  
 34 impair, or invalidate the remainder of that subpart or this part, but  
 35 shall be confined in its operation to the clause, sentence, paragraph,  
 36 subdivision, section, or subpart directly involved in the controversy in  
 37 which such judgment shall have been rendered. It is hereby declared to  
 38 be the intent of the legislature that this part and each subpart herein  
 39 would have been enacted even if such invalid provisions had not been  
 40 included herein.~~

~~41 § 3. This act shall take effect immediately and shall be deemed to  
 42 have been in full force and effect on and after April 1, 2025; provided,  
 43 however, that the applicable effective dates of Subparts A through F of  
 44 this act shall be as specifically set forth in the last section of such  
 45 Subparts.~~

Insert LBD 71021-05-5

46

PART W

47 Section 1. Article 170 of the education law is renumbered article 171  
 48 and a new article 170 is added to title 8 of the education law to read  
 49 as follows:

50

ARTICLE 170

51

NURSE LICENSURE COMPACT

52

Section 8900. Nurse licensure compact.

53

8901. Findings and declaration of purpose.

54

8902. Definitions.

1 § 2. This act shall take effect immediately and shall be deemed to  
2 have been in full force and effect on and after April 1, 2025.

3

## PART Z

4 Section 1. Section 4 of chapter 565 of the laws of 2022 amending the  
5 state finance law relating to preferred source status for entities that  
6 provide employment to certain persons, is amended to read as follows:

7 § 4. This act shall take effect immediately; provided that [section  
8 one of this act shall expire and be deemed repealed three years after  
9 such effective date; and provided further that] this act shall not apply  
10 to any contracts or requests for proposals issued by government entities  
11 before such date.

Section 2. Section 2 of chapter 91 of the laws of 2023 is amended to read as  
follows:

§ 2. This act shall take effect on the same date and in the same manner  
as a chapter of the laws of 2022, amending the state finance law relating to  
preferred source status for entities that provide employment to certain  
persons, as proposed in legislative bills numbers S. 7578-C and A. 8549-C,  
takes effect[,and shall expire and be deemed repealed three years after such  
effective date].

12 § 23. This act shall take effect immediately.

13

## PART AA

14 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,  
15 amending the mental hygiene law relating to clarifying the authority of  
16 the commissioners in the department of mental hygiene to design and  
17 implement time-limited demonstration programs, as amended by section 1  
18 of part Z of chapter 57 of the laws of 2024, is amended to read as  
19 follows:

20 § 2. This act shall take effect immediately [and shall expire and be  
21 deemed repealed March 31, 2025].

22 § 2. This act shall take effect immediately.

23

## PART BB

24 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,  
25 amending the mental hygiene law relating to the appointment of temporary  
26 operators for the continued operation of programs and the provision of  
27 services for persons with serious mental illness and/or developmental  
28 disabilities and/or chemical dependence, as amended by section 1 of part  
29 00 of chapter 57 of the laws of 2022, is amended to read as follows:

30 § 4. This act shall take effect immediately and shall be deemed to  
31 have been in full force and effect on and after April 1, 2016[;  
32 provided, however, that sections one and two of this act shall expire  
33 and be deemed repealed on March 31, 2025].

34 § 2. This act shall take effect immediately.

35

## PART CC

36 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of  
37 the laws of 2013, amending the social services law and other laws relat-  
38 ing to enacting the major components of legislation necessary to imple-  
39 ment the health and mental hygiene budget for the 2013-2014 state fiscal  
40 year, as amended by section 1 of part EE of chapter 57 of the laws of  
41 2023, is amended to read as follows:

42 1-a. sections seventy-three through eighty-a shall expire and be  
43 deemed repealed December 31, [2025] 2027;

44 § 2. This act shall take effect immediately and shall be deemed to  
45 have been in full force and effect on and after April 1, 2025.

46

PART DD