

WEDNESDAY, MARCH 5, 2025

10:46 A.M.

ACTING SPEAKER HUNTER: The House will
come to order.

Good morning, colleagues.

In the absence of clergy, let us pause for a moment of
silence.

(Whereupon, a moment of silence was observed.)

Visitors are invited to join members in the Pledge of
Allegiance.

(Whereupon, Acting Speaker Hunter led visitors and
members in the Pledge of Allegiance.)

A quorum being present, the Clerk will read the
Journal of Tuesday, March 4th.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Madam Speaker, I move

to dispense with the further reading of the Journal of Tuesday, March the 4th and that the same stand approved.

ACTING SPEAKER HUNTER: Without objection, so ordered.

MRS. PEOPLES-STOKES: Thank you so much. Madam Speaker and colleagues and the guests that are in the Chambers, I'd like to share some words with you today from Malala Yousafzai. She is a Pakistanian activist and a Nobel Peace Prize laureate who advocates for education and equality for all. As a teenager, she spoke out against the Taliban's ban -- ban on girls' education in Pakistan, and in 2012 the Taliban literally shot her in the head while she was riding home on a school bus. That event made her an international symbol in the fight for girls being educated. Her words for us today: We cannot all succeed when half of us are left [sic] back. Again, these words from Malala Yousafzai.

Madam Speaker, colleagues have on their desks a main Calendar. After you have done any introductions and housekeeping, we're gonna begin our work by taking up Calendar resolutions on page 3. We will then consent two new bills on the Calendar, Rules Report No. 106 and Rules Report No. 107. They are both on page 5. We will also take up the following bills on debate: Rules Report No. 103 by Ms. Reyes and Rules Report No. 96 by Ms. Cruz. There may be a need for additional floor activity, Madam Speaker, so I will advise at that moment. However, my Majority colleagues should be fully aware that there is gonna be a need for a

conference immediately following our work here on the floor. And as always, Madam Speaker, I will consult with our colleagues on the other side to see what their needs may be.

That's a general outline of where we're going today, ma'am. If you could begin with housekeeping and introductions so we can get going so we can end at some point. Thank you, ma'am.

ACTING SPEAKER HUNTER: Thank you.

We have no housekeeping this morning. We have a few introductions. We will start with Ms. Kay for the purposes of an introduction.

MS. KAY: Thank you, Madam Speaker, and good morning everyone. I rise today proudly to introduce the State champion Monticello Trap Team from Monticello High School and their coaches Jay Mendels and Michael Mingo. And Mike Mingo also doubles as an extraordinary music teacher who happened to have taught my daughter everything she knows about percussion. The Monticello High School Trap Shooting program began in 2017 when the U.S.A. High School Clay Target League introduced their program in New York State. At that time there were only five schools participating. It continues to grow rapidly, and this spring there will be over 250 schools participating Statewide. The program teaches firearm safety and helps instill confidence, respect and responsibility for our students. It is a coed, all-inclusive sport open to students in grades 6 through 12, and is designed to allow all athletes to actively participate, compete and advance at their own skill level.

During the 2024 State championship, Monticello High School's varsity team took first place in their division and the JV team took second. In addition, Monticello students placed first overall as a team among the over 900 athletes there that day. Although several students graduated last year and cannot be here for this presentation and we have some new students who are proudly here who haven't participated yet, they are all part of what the team is, a group of dedicated students who work very hard, enjoying their sport and doing it safely. Their motto is "Safety, fun, marksmanship" in that order of importance.

So, Madam Speaker, please recognize the Monticello Trap Team and give them all the privileges of the floor and the House. Thank you.

ACTING SPEAKER HUNTER: Thank you.

On behalf of Ms. Kay, the Speaker and all the members, congratulations, State champions. We welcome you to the Chamber, extend the privileges of the floor. Hope you enjoy our proceedings today. Keep up the great work. I love that you're doing this sport. Thank you so very much for joining us.

(Applause)

Mr. Burdick for the purposes of an introduction.

MR. BURDICK: Thank you, Madam Speaker. It gives me great pleasure to introduce Kevin Winn -- and Kevin, if you could rise, please -- who is the Commissioner of the Department of Public Works for the Town of Bedford. He has served in that capacity

since 2007, and I can personally attest to the terrific work that he does since he was my Commissioner of Public Works when I was Bedford Town Supervisor from 2014 through 2020. He was instrumental in the construction of a water filtration plant and the first sewer system for the Town in the hamlets of Bedford Hills and Katonah, providing for safe disposal of effluent and protecting water quality. And it was a project that was in collaboration with the Department of Corrections and Community Supervision for their two correctional facilities in Bedford Hills.

Kevin is here with Highway Superintendents, DPW workers and others, advocating for funds in the State budget for local roads, and I thank them for taking the time to bring their advocacy to us here in Albany.

Madam Speaker, I would ask that you kindly recognize Mr. Winn and confer upon him the courtesies of the House.

ACTING SPEAKER HUNTER: On behalf of Mr. Burdick, the Speaker and all the members, we welcome you, Commissioner, to the Chamber, extend the privileges of the floor. Hope you enjoy our proceedings today. Thank you so very much for coming today and advocating.

(Applause)

Resolutions, page 3, the Clerk will read.

THE CLERK: Assembly Resolution No. 164, Ms. Tapia.

Legislative Resolution memorializing Governor

Kathy Hochul to proclaim March 2, 2025 as Read Across America Day in the State of New York.

ACTING SPEAKER HUNTER: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 165, Ms. Rosenthal.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim March 6, 2025 as Lymphedema Day in the State of New York.

ACTING SPEAKER HUNTER: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

THE CLERK: Assembly Resolution No. 166, Ms. Jackson.

Legislative Resolution memorializing Governor Kathy Hochul to proclaim March 7, 2025 as Employee Appreciation Day in the State of New York.

ACTING SPEAKER HUNTER: On the resolution, all those in favor signify by saying aye; opposed, no. The resolution is adopted.

On consent, page 5, Rules Report No. 106, the Clerk will read.

THE CLERK: Assembly No. A04045, Rules Report No. 106, Lasher. An act to amend the Family Court Act, in relation to

findings in child abuse or neglect proceedings in family court.

ACTING SPEAKER HUNTER: On a motion by Mr. Lasher, the Senate bill is before the House. The Senate bill is advanced. This bill is laid aside.

THE CLERK: Assembly No. A04200, Rules Report No. 107, Burroughs. An act to amend the Edu -- the Energy Law, in relation to requiring new buildings where new parking is provided to have electric vehicle charging infrastructure; and to repeal certain provisions of the Executive Law relating to certain standards in the New York State Uniform Fire Prevention and Building Code.

ACTING SPEAKER HUNTER: On a motion by Mr. Burroughs, the Senate bill is before the House. The Senate bill is advanced. This bill is laid aside.

Page 5, Rules Report No. 103, the Clerk will read.

THE CLERK: Assembly No. A05285, Rules Report No. 103, Reyes. An act to amend the Education Law and the Public Health Law, in relation to prescription labels for mifepristone and misoprostol.

ACTING SPEAKER HUNTER: An explanation has been requested, Ms. Reyes.

MS. REYES: This bill would clarify provisions of Chapter 7 of the Laws of 2025 relating to requirements for mifepristone and misoprostol prescription labels. So this is a chapter amendment to the bill we talked about earlier in the year.

MS. WALSH: Madam Speaker, will the sponsor

yield for some questions?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. REYES: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MS. WALSH: Thank you very much. So, we -- I feel like we were just here, right?

MS. REYES: We were.

MS. WALSH: We just passed -- the bill-in-chief was passed on January 22nd, and here we are with a chapter amendment. Could you just briefly describe what the original underlying legislation did and then what this chapter does?

MS. REYES: So, the original legislation allowed for providers to choose to have their name -- or the -- I -- I'm sorry, the name of their practice rather than their name printed on the medication label, if they so choose to for these particular medications. This chapter amendment does the same, clarifies it a little bit. It requires that the healthcare prescriber inform the patient that they are availing themselves of that and choosing to use the name of their practice. It also allows them to put in the address instead -- instead of a name because if you have somebody who's an individual practice and their practice may have their name, they can use the address of their practice. And that's it. Those are the changes.

MS. WALSH: Okay, thank you very much. So -- and I'm just gonna refer to this as a -- as a shield law. It's a shield law.

So the -- would you say that the chapter provides additional shielding for the prescribing individual or less or the same?

MS. REYES: No. It --

MS. WALSH: Well, it has to be one.

MS. REYES: It speaks to -- it -- it actually just helps notify the patient. Really, that's the -- the biggest change that we've made in this amendment is the patient notification.

MS. WALSH: Okay. Well I'm gonna -- I'm gonna disagree with you and I'll tell you why. So, if -- so under the original legislation you would have to put -- and correct me if I'm wrong -- you would have to put either the name of the prescriber or you could put the name of the practice, right? But now under this chapter you only have to put the address of the practice.

MS. REYES: No, it's -- it's an option.

MS. WALSH: Well, okay. But --

MS. REYES: Name or address --

MS. WALSH: It can be -- but it can be elected to only put the address of the practice rather than the name of the practice; is that correct?

MS. REYES: Right. Because if I am Dr. John Doe and my practice is Dr. John Doe's Internal Medicine or Dr. John Doe Gynecology, then I -- it defeats the purpose if my name is the name of the practice. So it allows them to use the address as well.

MS. WALSH: Okay. But what if you have, for example, and this is common, a very large medical building with

multiple practices in that building? Wouldn't this chapter amendment make it even more difficult to ascertain who the prescriber is if you only have to put, you know, 10 State Street on the prescription instead of the actual practice that has prescribed the medication -- the abortion medication?

MS. REYES: If -- this is -- the address option is only for -- for those people whose name is also the name of their practice. If you have a practice, you know, Central New York Internal Medicine, you can put that and it wouldn't matter. The address wouldn't make a difference. You could still -- you would still have the option to -- to not have your name printed and -- and -- and use the name of your practice. I mean, I get what you're saying is a hypothetical, but if you have a building with multiple --

MS. WALSH: Yes.

MS. REYES: -- you're saying with multiple practices --

MS. WALSH: Yes.

MS. REYES: -- or with a practice with multiple practitioners?

MS. WALSH: No, not multiple practitioners -- although that's another issue -- but let's say that you have a very large medical building with 20 different doctor's practices within that building and, you know, how are you -- you know, how are you gonna figure out -- if you all you have to do is put the address in there, it's not being clear enough about who exactly is prescribing. It's just -- it's

just obscuring it and making it less transparent.

MS. REYES: I think we -- we talked about this during the -- the -- the bill-in-chief, and -- and I think we -- we explained how the fact you are not having your name printed wouldn't shield you from being able to find out who your doctors is. The patient always knows who their doctor is.

MS. WALSH: But doesn't it -- doesn't it prevent anybody else from figuring out who the doctor is? It's only -- you know, because the patient that's really gonna know, then, under this, right?

MS. REYES: Correct. And for a medication only the patient should know.

MS. WALSH: Okay. Well, let's take up -- so, okay. Let me jump to that for a second because that's interesting. So, in between -- the interim between January 22nd and now, a couple of things happened regarding a doctor from New Paltz and prescriptions that she did through telehealth, Dr. Maggie Carpenter, involving patients in Texas and Louisiana, right? So in -- in Louisiana, my understanding is that the mother of the minor child is -- was dispensed the abortion medication by Dr. Maggie Carpenter. And so -- and the girl had complications, she started bleeding out. She called 911, a police officer responded and helped the child. But who was the patient? Was it the mother or was it the child who took the medicine? Because the girl didn't know who the prescribing doctor was.

MS. REYES: I -- I -- I'm -- is this -- I'm confused

about the question. So you're trying to figure out who the patient was?

MS. WALSH: Right. What you just said on debate was --

MS. REYES: But it shouldn't --

MS. WALSH: -- that only the patient would know who the doctor was under this chapter amendment, and you -- and my -- if I read your body language correctly, you were saying -- you implied that --

MS. REYES: My body language?

MS. WALSH: You were basically saying there was no problem with that, with the fact that the patient would be the only one that would know who the prescriber was; is that -- is that your position?

MS. REYES: I mean, I can't speak -- I can't speak to what a parent did to try and get medical help for -- for their child. But if -- if the parent didn't specify to the doctor who the patient was, I -- this doesn't speak to -- to the legislation. And if --

MS. WALSH: It absolutely does.

MS. REYES: And if -- and if a -- a -- if somebody -- if a patient is seeking care and they know who their doctor is, this is -- this is a circumstance that goes beyond even the language of the bill.

MS. WALSH: It -- this is absolutely what we discussed when we originally debated this bill. It is equally, if not more applicable now -- (inaudible/crosstalk) --

MS. REYES: Who needed to know --

MS. WALSH: -- with the chapter amendment.

MS. REYES: -- who needed to know who the doctor was? Because the -- the parents --

MS. WALSH: I'm sorry.

MS. REYES: Who needed to know who the doctor was? Because the parent knew who the doctor was, correct?

MS. WALSH: The parent who -- who was being charged with coercive abortion? Yeah, she -- I guess she maybe knew was prescribing it, certainly the minor child who was bleeding out would know.

MS. REYES: So who reported this to the authorities?

MS. WALSH: Who was the -- wouldn't you say that the person taking --

MS. REYES: Who -- who --

MS. WALSH: -- the medication is the patient?

MS. REYES: Who decided to charge a mother for seeking medical care for their child?

MS. WALSH: I -- I think the --

MS. REYES: I mean, I think -- and you guys talk about parental rights all --

MS. WALSH: I think the State --

MS. REYES: -- the time, right? Isn't this --

MS. WALSH: I think the State --

MS. REYES: -- parental rights?

MS. WALSH: -- of Louisiana, which is one of 20

states that has either banned or restricted abortion following the *Dobbs* decision has taken a state interest in the fact that this child and this -- this prescribing physician from New Paltz, through telehealth, is prescribing abortion medication to a mother who is then telling her daughter to go take it. So who is the patient? You -- well, let's move on because it --

MS. REYES: But it -- it -- that -- it's -- it's not the issue, but I -- I -- if -- if somebody is not forthcoming with the doctor, how is that the doctor's fault?

MS. WALSH: If somebody -- okay, so it's not the doctor's responsibility to know who is going to take the medication?

MS. REYES: The doctor assessed the patient, prescribed the medication, and it happens all the time where people share medications and they shouldn't. But you can't litigate, you can't control that. You can't legislate that.

MS. WALSH: Well, we -- we -- what -- I think it's part of the issues that we run into with telehealth, right, is that I don't know how that -- how Dr. Maggie Carpenter in New Paltz, New York figured out who the patient was, whether there was a Zoom, whether there was a phone call, whether it just got scripted out. That's gonna all wind its way through the court system now. But what I'm saying is as we take up legislation to further shield providers like Maggie Carpenter in another state to prescribe abortion medication to a state that has it banned, that we need to think hard about what we're doing here. Why do we want -- why do we want our doctors -- why do we

want our State to be allowing this to even occur?

MS. REYES: The bill does not speak to -- to what a patient does. And unfortunately, even within -- within the borders of our State, patients get prescribed things and do -- you know, they use off-label -- off-label indications, they -- I can tell you about seniors who cut their doses in half because they can't afford their medications. I mean, you can't -- once -- once a patient has the medication, you can't control that. Whether you have telemedicine, whether it's an inpatient visit, in-person visit. Whether it's within New York or in another state, unfortunately, you -- there is no way you can control that.

MS. WALSH: Well, I guess in the end --

MS. REYES: I know you're using this example, but it just doesn't apply.

MS. WALSH: No, I appreciate that. I think -- I think in the end what it really comes down to is that she is licensed in the State of New York, but is practicing through telehealth and prescribing in other states. And so it's gonna come down, I would think, once we go through the court -- the court process, whether her -- you know, what -- what impact is this could potentially have on her license. Although that I think a couple of years ago there was legislation that we passed that would shield them from any accountability as far as their license, prescribing -- right? We did that bill a couple years ago. So I'm just wondering what accountability is there out there?

MS. REYES: Accountability for -- for what? For doing something that -- that is legal in the State of New York? They're acting within the scope of their license.

MS. WALSH: It's something that's potentially a malpractice situation, what accountability will there be for her?

MS. REYES: There is no malpractice, because they are acting within the laws of New York and providing care that is legal in New York.

MS. WALSH: Outside of New York to a state that -- that has banned it or severely limited it. Okay.

What -- what if that girl in Louisiana had -- had -- I mean, we know that she called 911, we knew that she had to receive additional treatment. What -- what if she had bled out or died or -- how -- how would anyone, Dr. Carpenter or anybody else, be held accountable for this? And how would we know it was her that had prescribed that medication?

MS. REYES: You know it was her that -- that prescribed the medication.

MS. WALSH: Well, right. Because this -- this bill in -- this bill back from January was not in place at the time that that happened.

MS. REYES: You will always be able to -- you will always be able to find who the prescriber is. The State -- it -- it doesn't remove the -- the prescriber's name from the prescription. That stays on -- on record for five years. They -- there is always a way

to find the prescriber, as you so clearly told us. You know --

MS. WALSH: Well, the Texas and Louisiana cases occurred prior to this bill being --

MS. REYES: Correct.

MS. WALSH: -- the bill-in-chief being signed. So yeah, I mean, I think that probably that bill was done --

MS. REYES: Correct. And the recordkeeping doesn't change, and we're not changing the recordkeeping. There will always be a record.

MS. WALSH: Let me ask you this: Why -- let me ask you this: And I'm -- and I'm gonna continue if I need to. Why -- why do this chapter amendment? What was the reason for the chapter amendment that needed -- where you needed to make changes over and above what the original bill said back in a couple of weeks ago?

MS. REYES: Well, first I disagree that it's over and above, because the premise of the bill is still the same. We added "or address" to -- to speak to those individual prescribers whose name is also the name of their practice, right, because then that defeats the purpose. And then we added notification for the patient. I would think that this is an over and above shielding. I think this is more -- more transparency for the patient.

MS. WALSH: How is that more transparency for the patient? Because they have to be notified if the -- if the doctor is -- or the prescriber is electing to do this?

MS. REYES: Yes.

MS. WALSH: But that wasn't the only change that was made. There were three changes made.

MS. REYES: No, I just -- I just went over the other changes. I said we added "or address", not "address", "or address", so it's -- it's included the name or address. And we added that and we changed that in several parts where it speaks to the same -- the name of the practice, and then we added the notification to the patient.

MS. WALSH: So you're -- so -- and I just wanna make this point for everybody. So you're making a distinction, then, between the prescription that is going to be on record somewhere -- where is it -- where is it on record?

MS. REYES: The pharmacy keeps a record, the Department -- the State Education Department keeps --

MS. WALSH: Okay.

MS. REYES: -- a record for five years of all prescriptions.

MS. WALSH: Okay. And that will contain all the information --

MS. REYES: Correct.

MS. WALSH: The doctor's name, the doctor's practice, the doctor's address, correct?

MS. REYES: Correct.

MS. WALSH: So really, we're talking about what's on the prescription bottle, then?

MS. REYES: Correct.

MS. WALSH: Is that correct? Okay. So the chapter amendment, then, how does that change what was previously -- say, January when the bill was originally signed -- what would have to be on the prescription bottle then versus what's the minimum that has to be on the prescription bottle now?

MS. REYES: But we debated that for the original bill.

MS. WALSH: Well, refresh my memory. What has to be -- what has to be on (inaudible/crosstalk) --

MS. REYES: (Inaudible/crosstalk) that's not germane to the this chapter amendment.

MS. WALSH: I apologize, I was talking over you.

MS. REYES: I can say that that's not germane to this chapter amendment, right, because this is an amendment on a bill that we debated fairly recently. But I will -- I will refresh your memory.

MS. WALSH: Thank you.

MS. REYES: In the past, before the bill was signed into law, the prescriber would have to -- the pharmacy would print the name of the prescriber on the bill -- on the pill bottle.

MS. WALSH: Correct.

MS. REYES: And if not now, after the bill was signed, if a prescriber choosed [sic] to avail themselves of this, they can have the name of their practice printed on the bottle. And now with this amendment, if their name -- if the name of their practice is also their name, they can use their address.

MS. WALSH: Okay. So -- but if -- if you're not a, say, a solo -- I -- I'm just gonna say like a solo practitioner sort of provider and you're part of a doctor's practice, a larger practice where there are several people that could be prescribing, then what does this chapter amendment say as far as what's gotta be on the prescription bottle?

MS. REYES: You can -- you can use the name of the practice.

MS. WALSH: You could -- you can, or can you just use the name of -- the -- the address?

MS. REYES: You can use the -- the name or the address.

MS. WALSH: Okay. So, if you're in a practice that has 20 practitioners and you're in a building with multiple practices, how does anybody looking at that prescription bottle know who the prescriber is?

MS. REYES: I would assume -- well, the patient knows. The patient knows who --

MS. WALSH: Anybody be -- the -- the patient only knows because they've been notified because it says it here, right?

MS. REYES: Well, no, the patient has always known because the patient was the one that was seeking care.

MS. WALSH: Will anybody else other than the patient --

MS. REYES: Why does anybody have anybody's

name (inaudible/crosstalk) --

MS. WALSH: No, just please --

MS. REYES: to somebody else's --

(inaudible/crosstalk)

MS. WALSH: -- let ask my question, Ms. Reyes, please. Because God knows, if I lose my train of thought I'm -- it's only gonna extend our debate even further and we don't want that.

If you have a prescription bottle and it's only going to have the address on the prescription bottle, how will anybody looking at that prescription bottle who is not the patient who has other knowledge, know who the prescribing doctor or person is?

MS. REYES: They can call the pharmacy. There -- I mean, they can call the pharmacy and -- and find the name, because that will be on the prescription. And this is I'm -- I'm assuming in extraordinary circumstances.

MS. WALSH: Wouldn't there be some type of protection on that information through HIPAA or something else? Like, for example, in -- okay, so how -- how would somebody --so in other words --

MS. REYES: The prescriber -- but -- but another physician can seek information if they're treating the patient.

MS. WALSH: Okay.

MS. REYES: And that's standard HIPAA regulations across the country.

MS. WALSH: So if you were -- for example, like the

Texas example, it was the father who discovered the abortion after the woman experienced complications requiring hospitalization. So that father, say he picks up the prescription bottle and he looks at it, after this chapter is passed, and he's gonna look at it. He's not gonna be able to see anything on there that's gonna indicate who the prescriber was. And if he calls the pharmacy, guess what they're gonna say? *You're -- you're not the patient. I'm not gonna tell you anything, it's protected.* Isn't that the whole reason for this chapter amendment?

MS. REYES: I'm having a little difficulty with your argument because there shouldn't be anybody else involved in somebody's personal healthcare. Who -- who else needs to know what medication you're taking? Do we -- do I need to know who prescribed somebody's Viagra? What business is that of anybody else other than the person taking it?

MS. WALSH: Right. Well --

MS. REYES: Unless they find themselves in a clinical emergency, and in which case a provider can always get that information. A provider, a provider who is providing clinical care can always reach out to the pharmacy, the Department of Education, they -- and -- and providers we all know how to get information when we need it. They will always have access to that information. That is not shielded from them, there is transparency. So if -- if somebody needs further care and they need to find out who the prescriber is, they will always have access to that information. However, any other individual who has no business meddling in somebody's personal

health decisions will not be able to see that information.

MS. WALSH: And you're not concerned at all -- so, for example, in Louisiana the -- the girl that took the pill was bleeding, was by herself at home, called 911 and the police apparently responded to the call. So what they need to do then, because it's none of their business what's going on with this women apparently, or this girl, they just take the bottle and they bring it with them to the ER and they hand it off to whoever's there and they say, We -- we -- like, we don't know who wrote this. We don't know why or what the contraindications might have been or what the personal history of that young lady is because, you know, who knows. But here's the bottle, you figure it out, and in the meantime (inaudible/crosstalk) --

MS. REYES: I can't think of a patient --

MS. WALSH: (Inaudible/crosstalk)

MS. REYES: I can't tell you how often that happens -- that happens every day in emergency rooms. That's exactly what happens, that's exactly what we do. And we are trained to act based on just -- just the knowledge of knowing what's -- what's happening. And I mean -- - and -- and I think that we're speculating a lot when we don't have the clinical information, but I could probably tell you that that young girl, because the mother was the one that was talking to the doctor and not the young girl and maybe she didn't relay the information to -- to her, that this is all expected. It's actually part of the course of treatment and probably shouldn't have been alarmed. But here we are.

MS. WALSH: Well, thank you very much for answering my questions. I appreciate it.

Madam Speaker, on the bill.

ACTING SPEAKER HUNTER: On the bill.

MS. WALSH: So, this is the whole problem, right? I mean, we're -- we're creating shield laws, and in this case we're, I -- I argue, enhancing a shield law because we're making it even more difficult for anybody else picking up that prescription bottle to figure out who wrote -- who wrote this prescription. It -- how is any of this kind to women? How is this kind to women, exactly? When you've got the possibility for some really bad effects to occur to somebody taking this medi -- this is serious medication. This is not an aspirin, for God's sake. This -- 20 states have banned or heavily restricted abortion since *Dobbs* returned the question to the states. I think that this whole situation, which will wend its way through the courts, I don't know why we would want to wade into this now with another chapter amendment when we know that there will be Federal courts who will soon hear arguments over the legality and the constitutionality of statutes such as this chapter amendment, why we want to wade in right now on this particular issue I would disagree with. But this is -- this raises fundamental questions, I think, of when states have to listen to one another. It raises constitutional questions. It raises questions -- questions as to the extradition or refusal to extradite under the U.S. Constitution. I -- I just think that we had a lot of opposition to the original legislation that we only passed just a

couple of months ago. This chapter, I think, makes a situation that is very problematical even worse. And I think this is one of the biggest problems with telehealth for abortion services.

You know, this is -- I -- I just -- this is not something that we should be passing today or ever. I -- I will be very interested, as I'm sure many of us will be, to see how the courts end up weighing in. But I -- I cannot, I will not support this legislation. I would encourage my colleagues to also not support it. Thank you very much, Madam Speaker.

ACTING SPEAKER HUNTER: Thank you.

Mr. Pirozzolo.

MR. PIROZZOLO: Good morning, Madam Speaker. How are you today?

ACTING SPEAKER HUNTER: Wonderful, thank you.

MR. PIROZZOLO: I'd like to ask the sponsor if she wouldn't mind yielding for questions?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. REYES: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MR. PIROZZOLO: Okay. Just on the outset, Ms. Reyes, I just want to point out that my concern for why I don't like this bill has nothing to do with the medications, their intended use or anything like that at all.

MS. REYES: I remember. I remember your concerns.

MR. PIROZZOLO: I'm sorry?

MS. REYES: I remember your concerns, yes.

MR. PIROZZOLO: Okay. Well, I'm gonna add to that list of concerns --

MS. REYES: Okay.

MR. PIROZZOLO: -- because since that last conversation, I've had an opportunity to speak to pharmacists from the Pharmacists Society. And I'm gonna have to read in a little bit of Education Law, if you don't mind --

MS. REYES: Sure.

MR. PIROZZOLO: -- so I can ask you some questions. But basically, Education Law 6810, Section 1 in part says, "Such drug shall be compounded or dispensed by a licensed pharmacist, and no such drug shall be dispensed without the affixing to the immediate container in which the drug is sold or dispensed, a label bearing the name, address of the owner of the establishment in which it was dispensed, the date compounded, the number of prescription under which it was recorded in the pharmacist's prescription files, the name of the prescriber." Now, I could go on. But some of the problems that I have there is that we seem to be creating rules just so that we can subvert the -- the laws in other states.

MS. REYES: I -- I --

MR. PIROZZOLO: To continue --

MS. REYES: I -- I don't have that section of law in front of me, so I don't know if it's -- if it's speaking to a specific medication. Because we did cover that for opioids. You have to, under Federal law, have the name of the prescriber. So I'm not certain if that's the section of law that speaks to that that you're reading. I don't have it in front of me so I'm gonna have a hard time to respond.

MR. PIROZZOLO: No problem. I'm -- I'm really just pointing out the conflict more so than having a question for you.

In the Commissioner's regulations, 63.12 in part, it goes on to talk about the -- in accordance with Section 6830 of the Education Law, and it lists specifically the name of the prescriber. When I spoke to some of the pharmacists, they have concerns -- and you might be right of whether it's an opioid or not an opioid -- of the system that they have to enter their prescription information and just to print the label may not accept or does not accept the information that you're trying to put in. If the DEA were to come in and do an audit, and they can't label these bottles correctly and they don't have the right number of pills or they look at the label and say, *Okay, well, how come your name isn't on this label*, they can have problems. So this is really my objection, in addition to how I think we're bothering -- you know, we're meddling in someone else's laws, are the place that we could be putting our pharmacists into. And when we talk about having an address on the label, some individuals or solo practitioners may use a P.O. box. Need we at least say we can't use a P.O. box? That would be a direct question, sorry.

MS. REYES: No, it's the address of the practice.

MR. PIROZZOLO: Are you sure?

MS. REYES: Yes.

MR. PIROZZOLO: Because what if the address of the practice is a P.O. box?

MS. REYES: You can't practice out of a P.O. box.

MR. PIROZZOLO: I don't know. I mean, a lot of people will have mail sent to a P.O. box. They may have different addresses.

MS. REYES: It's -- it's a mailing address, not a P.O. box.

MR. PIROZZOLO: I'm sorry, I didn't hear you.

MS. REYES: It's a -- a -- what you -- what you mentioned is a mailing address; this is the address of the practice. So you can -- you can have -- you can have your mail forwarded to a P.O. box for convenience, but you have to list the address of your practice.

MR. PIROZZOLO: So we will not be seeing individual solo practitioners or pharmaceutical conglomerates using a P.O. box as the address to go on a bottle that's being shipped to another state?

MS. REYES: Correct. It has to be the address of the practice.

MR. PIROZZOLO: Okay. That's guaranteed by the -- because I didn't -- that's...

MS. REYES: The bill says -- it says may include the

name or address of the dispensing healthcare practice.

MR. PIROZZOLO: So the address would be --

MS. REYES: The practice. You can't practice at a P.O. box. You can have your mail forwarded to a P.O. box, but you can't practice out of a P.O. box.

MR. PIROZZOLO: Okay. All right. Thank you. Thank you very much.

On the bill, please.

ACTING SPEAKER HUNTER: On the bill.

MR. PIROZZOLO: Okay. So once again, my objection really goes to the fact that we are reinventing or creating law that subverts the way another state wishes to write their own laws. That's a problem for me, and I'm sure it should be a problem here for everyone else because God forbid Florida or Ohio or Montana wanted to write a law that changed the way that we did business here in New York, I'm sure everybody would be yelling and screaming that that's not the right thing to do. In addition to doing that, I believe that we are putting our pharmacists in a possible position where they cannot adequately write or dispense this type of medication because of the existing systems that are in place, because of the computer systems that are in place, and all of this needs to be modified so that not only can we protect our pharmacists, but I don't think we should be subverting, you know, other states in doing this.

Thank you, Madam Speaker. I would urge my colleagues, if I may, to absolutely vote no.

ACTING SPEAKER HUNTER: Thank you.

Mr. Novakhov.

MR. NOVAKHOV: Thank you, Madam Speaker.

Would the sponsor yield?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. REYES: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MR. NOVAKHOV: Thank you very much. I remember we already debated on --

MS. REYES: Yes.

MR. NOVAKHOV: -- on the -- on this bill. So, why are we trying to hide doctor's name and now a practice name from the bottle?

MS. REYES: Well, why are we trying to -- we're not hiding the doctors' names.

MR. NOVAKHOV: Well, if we are removing it from the bottle, we're kind of hiding the name.

MS. REYES: For these prescriptions, particularly because they've been so politicized, yes. But -- and I know -- and I remember our last conversation on the -- on the bill-in-chief you had some concerns about your parents, you know, they -- they take something and you being able to reach their doctor, but that wouldn't be the case. That wouldn't apply.

MR. NOVAKHOV: I'm not asking about this,

ma'am.

MS. REYES: No? Okay.

MR. NOVAKHOV: But thank you for remembering (inaudible/crosstalk).

MS. REYES: I remember.

MR. NOVAKHOV: I really appreciate it. So, how many incidents have -- so -- so if -- if we're hiding the name of the doctor from the bottle or removing -- let's call it removing -- I -- I was -- I was trying to figure out the reason behind it. Is that -- can you give me an example like why we're removing the name of the doctor?

MS. REYES: Because unfortunately, you have people who are not the patient who have no business meddling in individual -- people's individual healthcare choices, trying to weaponize some unfortunate laws against -- against prescribers and against individuals who are availing themselves of healthcare.

MR. NOVAKHOV: How do they weaponize it?

MS. REYES: By reporting them to police in places where they are restricting healthcare for women.

MR. NOVAKHOV: Okay. And how many such incidents have happened, let's say, in 2023 and '24?

MS. REYES: I -- I -- I couldn't tell you. I don't have that off the top of my head. I don't have that information.

MR. NOVAKHOV: So why did you come [sic] up with this bill?

MS. REYES: Because the doctors asked us for it.

MR. NOVAKHOV: Do they -- so we don't know -- so we don't have the statistics, right? We don't have the kind of research and data how many incidents with the doctors, because the doctor's name is on the bottle, of this particular medication happened, let's say a year ago, five years ago, last month. We don't know that.

MS. REYES: We don't have the data, no.

MR. NOVAKHOV: All right. Thank you so much.

On the bill, Madam Speaker.

ACTING SPEAKER HUNTER: On the bill.

MR. NOVAKHOV: So, I was trying to look at it at a different angle, and I think without having this information, like how many incidents that really happened, why doctors ask for it, do we have any statistics, do we have any information on the number of incidents, I -- I think this bill just doesn't make any sense. And for this reason, I will be voting no and I ask my colleagues to vote no on it.

Thank you so much.

ACTING SPEAKER HUNTER: Ms. Giglio.

MS. GIGLIO: Thank you, Madam Speaker. Will the sponsor yield?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. REYES: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MS. GIGLIO: So, when somebody is pregnant and

they want to terminate the pregnancy they usually go to a doctor, the doctor sees them, the doctor does a pregnancy test, the doctor makes sure that they're not over 90 days pregnant before taking this medication, and that they have blood tests to verify that they are pregnant, number one, and -- before they prescribe; and number two, that they don't have any underlying, you know, illnesses that they're taking medication for that may affect their health, may affect them getting sepsis if they do take the medication.

MS. REYES: You can't -- I -- I'm gonna stop you there. You can't get sepsis from taking the medication.

MS. GIGLIO: No, but you can get sepsis from bleeding out.

MS. REYES: No, you actually get sepsis from retaining a fetal -- from retaining pregnancy material or retaining a dead fetus.

MS. GIGLIO: If I could just (inaudible/crosstalk) --

MS. REYES: What's happening in other states -- what's happening in other states when a woman cannot have access to these medications, which is the standard course of treatment for a miscarriage, you end up with sepsis.

MS. GIGLIO: So, someone takes the medication and their body is supposed to be pushing the fetus out of their body. What happens if that is not a complete cycle and a -- a portion of the child remains inside of the womb? Then they can get sepsis, yes?

MS. REYES: A portion of the child?

MS. GIGLIO: Yeah, a -- yeah, if the -- if the --

MS. REYES: You mean pregnancy tissue? There will be some pregnancy tissue because you will expel a fetus.

MS. GIGLIO: If the forced miscarriage does not remove all of the tissues because the doctor has no idea how far along in the pregnancy this person is through a telehealth, and being their regular doctor that supervises them, like my OB-GYN, he -- we have a very close relationship. This is a telehealth with somebody from New York that has never seen this patient physically, and -- and for instance, where they prescribed for the mother, how do they know that the mother is pregnant? Is there anything in your bill that requires a doctor from New York State to get blood tests, to get information on any other medications that that person may be on? Because this medication can really be detrimental to somebody's health if they're taking it and they're not being honest about any underlying condition. So does the bill require that the doctor see the patient and that they get blood tests to make sure that they're pregnant? Do they -- because the mother was not in the one case that we're discussing, and it was prescribed to her and she was not pregnant.

MS. REYES: I mean, none of this pertains to treatment or the bill, but I -- you -- you mentioned something very early on in your remarks, in your question about doing blood tests to find underlying conditions that would have -- that would be contraindicated in this medication. But even in an in-person visit, you can't -- there are no blood tests for -- to determine whether somebody

cannot take this medication. Unfortunately, all of that is through patient history and you can do that very well during a telehealth med -- visit, which is what happens in the State of New York for patients in New York and in other places as well.

MS. GIGLIO: So there's no blood test to determine whether or not a person is pregnant?

MS. REYES: There's a urine test to determine pregnancy, there are blood tests to -- to determine pregnancy, but you could take a pregnancy test and it's over-the-counter.

MS. GIGLIO: Yeah, but if -- if -- if I'm doctor in New York and I'm prescribing this medication to somebody who claims they're pregnant, the mother who wasn't pregnant, is there anything in your bill that requires that the doctor from New York get the actual test results, the urine test or the blood test, to prove that the person that they're giving the medication to is actually pregnant?

MS. REYES: This bill is about labels on a bottle.

MS. GIGLIO: Right. So you -- you're basically changing the Education Law, essentially, by doing this because what my colleague read was that it is a requirement that the doctor's name be on the prescription and now we're changing it to say it doesn't have to be on the prescription. So what I'm saying is the doctor --

MS. REYES: That -- that -- that was within the bill, but it's -- it's only required for opioids. And I clarified that with your colleague.

MS. GIGLIO: Okay. So -- so, I -- you know, the

telehealth is a great tool for many instances. But when it requires a physical examination to determine whether or not somebody is pregnant and how far along they are in the pregnancy, because this drug can be detrimental to somebody if they take it in a late-term pregnancy.

MS. REYES: Can you tell me how we determine how far along somebody is in pregnancy?

MS. GIGLIO: Well, I can tell you that when I went to my OB-GYN (inaudible/crosstalk) --

MS. REYES: How do you determine how far along somebody is in their pregnancy? Do you -- do you know how that's determined?

MS. GIGLIO: Well, I know how that's determined because I have an intimate relationship with my OB-GYN and when I went in (inaudible/crosstalk) --

MS. REYES: How did your OB-GYN determine how far --

MS. GIGLIO: -- he would ask me --

MS. REYES: -- along you were?

MS. GIGLIO: -- when was the last time you had your menstrual cycle, and I would tell him and then he would examine me, he would do a -- he would examine my uterus, he would (inaudible/crosstalk) --

MS. REYES: It is determined -- it is determined by patient history and your last period.

MS. GIGLIO: So -- so is the doctor
(inaudible/crosstalk) --

MS. REYES: And you can do that over the phone.

MS. GIGLIO: So is the doctor getting the patient
history from the person in another state who --

MS. REYES: Correct.

MS. GIGLIO: -- from their OB-GYN? So that's in
your bill that they have to do the patient history?

MS. REYES: This bill does -- this bill -- your line of
questioning isn't germane to the bill. I'm just responding to the
erroneous assertion that you need to determine length of pregnancy
through a blood test because you can't.

MS. GIGLIO: Yeah, but -- but the doctor prescribed
to somebody that was not pregnant, and that person gave those pills to
their daughter. How do you know that that mother wasn't just gonna
say, Hey, you know what? This is an anti-abortion state and I'm
gonna take those pills and I'm gonna sell them on the black market?

MS. REYES: I can't tell you how many people get
prescribed opioids in this State and give them to people. It's why we
have a problem with opioids. It -- it's impossible
(inaudible/crosstalk).

MS. GIGLIO: And people go to go to jail.

MS. REYES: It is impossible to control what people
do.

MS. GIGLIO: And people go to jail for giving

opioids to someone that it was not prescribed to. But this is protecting the doctor, correct?

MS. REYES: They -- they do it with other medications that are not just opioids. I've done this. I -- I mean, I -- I use that as an example, I'm sorry. But you can't -- unfortunately, you can't control what patients do once they have the medication.

MS. GIGLIO: So what happens if somebody gets this medication from a doctor in New York, they're in another state and they take the pills, they take the pill bottle, they throw it away and then they have complications. They call 911 and no one even knows why they're sick or why they're bleeding out, and they're just gonna treat the bleeding out because they don't know the past history of the patient whether or not they had an allergic reaction to this medication.

MS. REYES: That would be -- that would be the case regardless. If we -- when we treat people in the emergency room, we don't ask them who the doctor was that prescribed anything because that doesn't matter. That doesn't impact our -- our standard of care. It doesn't impact our interventions. We will intervene based on the presenting case of the patient, and sometimes if we know what the medication is. But that's not actually required, either. So I understand that you -- that you -- you -- you're making the argument that how would they know what to do. The name of the prescriber will not change what we do.

MS. GIGLIO: Well, I -- I think it would because we have a record --

MS. REYES: You may think so, but that's not the actuality in clinical care.

MS. GIGLIO: Okay. Those New York State doctors, when they prescribe you said we hold the records for five years, correct?

MS. REYES: Correct.

MS. GIGLIO: Okay. So how would anybody in another state know who -- who the doctor was or what was prescribed?

MS. REYES: For what -- for what purpose?

MS. GIGLIO: If they were -- if they were bleeding out. Say they're dead, you know, say they died from sepsis because there is something that's still left in the womb and it didn't expel. What if they're dead and they're the only person that knows who prescribed that medication to them because of HIPAA laws and nobody else can actually see what anybody else took. What happens if they're gone, if they -- if they --

MS. REYES: Those hypotheticals are so off the wall. But I would tell you that if they were lucky enough to be prescribed mifepristone and misoprostol, they probably did not die of sepsis, and that's what actually saved their life from sepsis.

MS. GIGLIO: I don't know. Well, thank you very much. And I appreciate all nurses and all emergency room doctors. And I -- I just think it's much easier to be able to treat someone when you know any underlying illnesses that they may have or when you

know actually whether or not -- I mean, who it was even prescribed to. So, but thank you very much, and I appreciate all nurses. And I know that you are one. So thank you for that.

Madam Speaker, on the bill.

ACTING SPEAKER HUNTER: On the bill.

MS. GIGLIO: I don't know why we're hiding information that could be pertinent to somebody's health and their life. And if a doctor is going to prescribe something, they should not be hiding behind a New York State shield that no one actually knows on -- on the pill bottle or where it came from. So, I mean, this is just so contrary to our laws and what doctors should be doing and accountability, quite honestly, if somebody should get very ill from this.

So I'll be voting no and I -- I encourage my colleagues to do the same. Thank you, Madam Speaker.

ACTING SPEAKER HUNTER: Thank you.

Read the last section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER HUNTER: A Party vote has been requested.

Ms. Walsh.

MS. WALSH: Thank you, Madam Speaker. The Republican Conference will generally be in the negative on this chapter amendment, but if someone wishes to vote otherwise they may do so right now at their seats. Thank you.

ACTING SPEAKER HUNTER: Thank you.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Thank you, Madam Speaker. The Majority Conference is generally gonna be in favor of this piece of legislation; however, there should -- if there are some who would desire to be an exception, they should feel free to do so at their seats. Thank you.

ACTING SPEAKER HUNTER: The Clerk will record the vote.

(The Clerk recorded the vote.)

Are there any other votes? The Clerk will announce the results.

(The Clerk announced the results.)

The bill is passed.

Page 5, Rules Report No. 96, the Clerk will read.

THE CLERK: Assembly No. A02579, Rules Report No. 96, Cruz. An act to amend the Public Service Law, in relation to call centers for gas and electric corporations; to amend a chapter of the Laws of 2024 amending the Public Service Law relating to call centers for gas and electric corporations, as proposed in legislative bills numbers S.8626-A and A.9444-A, in relation to the effectiveness thereof; and to repeal certain provisions of the Public Service Law relating thereto.

ACTING SPEAKER HUNTER: On a motion by Ms. Cruz, the Senate bill is before the House. The Senate bill is advanced.

An explanation has been requested, Ms. Cruz.

MS. CRUZ: Thank you, Madam Speaker. This bill is a chapter amendment that would revise requirements relating to the closure and outsourcing of utility customer service call centers.

ACTING SPEAKER HUNTER: Mr. Palmesano.

MR. PALMESANO: Yes, Madam Speaker, will the sponsor yield for some questions?

ACTING SPEAKER HUNTER: Will the sponsor yield?

MS. CRUZ: Yes.

ACTING SPEAKER HUNTER: The sponsor yields.

MR. PALMESANO: Thank you, Ms. Cruz. You know, I have read it and I know you made some changes to the bill which I've --

MS. CRUZ: Can you speak a little bit louder? I'm sorry.

MR. PALMESANO: Yes, I can. I -- you know, I have read through the bill. I know there's been changes to the bill, I think some good changes, but I do have some questions I want to ask. Can you tell me some specific changes that you made to the bill --

MS. CRUZ: Sure.

MR. PALMESANO: -- relative to the exemptions and penalties?

MS. CRUZ: This -- this chapter amendment removes the additional penalties, it clarifies that customer services -- service

requests can be sent outside of the State in emergency situations and for training, and it removes the requirement that the PSC act on closures within a specific time frame.

MR. PALMESANO: Okay. Relative to the -- the exemptions, I think the penal -- not the penalties, the -- certain circumstances. What would be -- like, is it like a storm, disaster?

MS. CRUZ: What would be the circumstances is your question?

MR. PALMESANO: Right, right.

MS. CRUZ: Sure. Give me 30 seconds. These circumstances would include workforce training, a declared state of local -- or local emergency, natural disaster or a cyber attack.

MR. PALMESANO: Okay. Does a disaster have to be declared -- who -- who defines the disaster? Does the utilities say it's a disaster, does the Governor have to declare a disaster? I mean, for example, you could have a snowstorm in Buffalo and not always a disaster is declared. What constitutes the disaster?

MS. CRUZ: The State or the -- or the local government and sometimes the Federal government is who declares a state of emergency or a natural disaster.

MR. PALMESANO: Okay. And you said that the penalties were removed, because I know there were some significant penalties in the bill we passed.

MS. CRUZ: That's right.

MR. PALMESANO: But there's still a penalty under

the call center law we passed in 2020. Is there still a \$10,000 penalty if there's a violation?

MS. CRUZ: That's not contemplated by this bill. If it's in the law, it stays.

MR. PALMESANO: Okay. Fair enough. Is there any concern that you have, and I know part of the discussion last time we had, I think Mr. Goodell brought it up when he talked about, I don't think he debated it. But if we have businesses that have operations in different states, they might -- they might operate in New York, they might operate in Pennsylvania, wouldn't that impact their ability -- in some regards impact their ability to do business in other states as far as it concerns the Interstate Commerce Clause?

MS. CRUZ: No, we're confident that this bill is conforming with any limitations on the regulations of interstate commerce. The Federal Power Act gives states wide latitude in regulating intrastate utilities and all other similar services, including customer service. And under the existing law, even prior to this chapter amendment, utilities were required to send notice and get approval from PSC before moving a call center out-of-state.

MR. PALMESANO: So now that the utilities would have to have more employees in New York State, obviously they have to hire more and obviously it sounds good on paper to have more employees in New York State. But certainly, that would increase their costs as a utility to operate, correct? And -- and if so, wouldn't that --

MS. CRUZ: That's not contemplated by this bill.

This only has to do with when they need to move the call center out-of-state. How they hire, who they hire, that's not pertinent.

MR. PALMESANO: But I think I guess what I'm getting at with the bill, if they have to have the people in the State to do the call center, they -- they would be required to hire more employees in the State, which I understand the benefits to that. But there would be a cost to the utility or the corporation who is handling that. It wouldn't that be --

MS. CRUZ: Again, that's -- you asked that question. That's not contemplated by this bill.

MR. PALMESANO: Okay. Well, you know, Ms. Cruz, this was a simple one. I'm just gonna go on the bill now.

MS. CRUZ: Thank you.

ACTING SPEAKER HUNTER: On the bill.

MR. PALMESANO: Thank you, Madam Speaker, and thank you, sponsor, for your questions. I do think there have been some improvements to this bill, but -- and I know many of our members voted for it last year and I expect that to be the same; that's okay. But my concerns with this bill is more on the premise of the operation. Basically telling businesses that they have to have staff in New York State. I think and I know maybe there's a disagreement with me and the sponsor, I think we should allow businesses the flexibility to make business decisions on what best meets their needs. I think -- also, I think this could be a -- a bad precedent because we're doing it for utilities, gas, corporations and things like that, but what's

next? What businesses are going to be affected next? I mean, what does that say to a business? What kind of message does that say to the business that, *We're gonna tell you how you have to operate your business as far as your staffing*. I do think, and I know my -- my colleague, the sponsor, mentioned that doesn't feel this violates the Interstate Commerce Clause. I do think that that's something that could be questionable; I'm not an attorney. But businesses should retain the right to operate their businesses and be able to do business in other states and employees in other states, but if you have to have more employees in New York than you do someplace else, that could be constituted, I think, in some regards a possible violation of the Interstate Commerce Clause. We -- the penalties I was gonna ask about is good. I think the penalties on this bill being removed, because they were significant penalties, I have to give my thanks to the sponsor for that. But I do think with the increased costs that's gonna be -- come with having more people working for the utility and not being able to have it spread out how they deem, that could increase the cost of our rates. And I think that's something that I -- I'm concerned about, I've talked about in the past. I think a lot of the laws and policies that we continue to pass in this House is just a -- a continuant nick cut here that continues to shift costs that have the potential to shift costs for our customers and our ratepayers, our small businesses, our families.

Again, and as I mentioned, I understand that there have been improvements to this bill, makes it better than it was. So

again, I want to thank the sponsor for that. But really, from my perspective, my opposition is gonna remain from the beginning of the bill, the basic premise behind the bill that businesses should be able to operate the way they need to operate, that they feel they can operate more effectively and efficiently, and -- and that's one of the things. And I will say, you know, obviously we've -- our -- our colleague Andy Goodell isn't here. We all know he was an aficionado of the Constitution. Last year he got up and spoke on this bill, and I think his points ring true, so I just want to read a little bit about that just to reinforce that as we remember our colleague Andy Goodell. Mr. Goodell started and said, *Thank you, sir. This is the second time I will be voting against these call center bills. I'm not sure I'll get any service if I call any one of them after this, but the reason I'm opposed is the following reasons: One, it says that the utility center or utility call center cannot be relocated outside of New York State without PSC approval. And while at first blush it seems like this is a really pro-call center New York employees, when you think about it, the real danger is that other -- if other states adopt similar legislation, none of our call centers will be able to get business from other states. You don't need to start a trade war with other states on a short-term perspective of protecting our own industry. Because of that potential for retaliation and the impact it has on interstate commerce, this, in my opinion, violates the Federal interstate commerce provisions, specifically, limiting interstate trade.* And he went on to talk about the penalties that were in the bill. Obviously, the sponsor removed

those, so we thank them. But he did conclude with, *So because it violates the Federal Constitution, because it has serious negative ramifications to future call centers in (inaudible) -- their efforts to get business out-of-state, and because of the fines which we know I find unreasonable, I will not be supporting it.*

So, Mr. -- Madam Speaker and my colleagues, based on that and the Interstate Commerce Clause, a bad precedent, I -- I do have concerns that mandating that all these -- basically having these employees in the State, which I get that you'll have more employees in New York State, but we have to understand that could increase costs which can increase rates, and that's the concern I have. And we've seen this more and more again of bills coming out of here, little bills here that continue to -- they have the potential and continue to shift costs to ratepayers and others. And I think the other premise behind is telling a business that they have to operate this way, I think that doesn't send a positive message. New York State is not really business-friendly right now, we understand that. But from that perspective -- but when we get to the costs, and I've talked about the costs, with everything that's going on, I can get in -- you know, obviously, the CLCPA. We know that the costs are going up for our ratepayers. You see the utility rate hikes that are going on that's going to be paying for these green programs. It's one thing after another, whether it's that, whether it's the Superfund bill, \$75 billion that's gonna get shifted to consumers if it survives the cost. If we don't change the methodology on how we measure emissions that we use in

the CLCPA; 63 cents increase in a gallon of gas, 79 percent increase in home natural heating costs. Cap and Invest, \$35,000 to convert your home over from natural gas to fully electrify your home. The PSC in July of '23 instituted -- approved \$43 million in future ratepayer increases to pay for the green energy goals. It's one thing after another. The school bus mandate, the ACT regulation, the car regulation. All these things add up can be devastating to our business community and continue to increase costs. I think enough is enough. We're at a tipping point. I just think we need to be a little cognizant. I understand what the sponsor is trying to do, there's been changes in the bill that are positive. But I just think the general premise we see over and over again with the bills coming forward, the energy policy, it's all kind of tied together. I'm just concerned about the consumer, I'm concerned about the manufacturer, I'm concerned about the farmer, and these costs continue to get shifted. It's -- it's really a runaway freight train heading down the tracks, and our -- our residents that we represent. And many of them don't realize it yet, but when it's one thing after another.

So for that reason, I know a number of my colleagues will be voting for it, and I understand that. But based on the general premise that I just outlined and obviously the comments of our colleague Andy Goodell, I'm gonna -- I'm gonna be voting no on this legislation, so -- but I appreciate the sponsor and the changes she made. Thank you.

ACTING SPEAKER HUNTER: Read the last

section.

THE CLERK: This act shall take effect immediately.

ACTING SPEAKER HUNTER: The Clerk will
record the vote.

(The Clerk recorded the vote.)

Are there any other votes? The Clerk will announce
the results.

(The Clerk announced the results.)

The bill is passed.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Madam Speaker, do you
have any further housekeeping or resolutions?

ACTING SPEAKER HUNTER: No housekeeping.
We do have a resolution by Ms. Reyes.

Ms. Torres on the resolution.

Oh, the Clerk will read.

THE CLERK: Assembly No. 167, Ms. Reyes.

Legislative Resolution commemorating the 30th
Annual SOMOS Spring Conference to be held March 7-9, 2025, and
paying tribute to its host, SOMOS, Inc. for its contributions and
advocacy on behalf of the Puerto Rican and Latino communities in the
State of New York.

ACTING SPEAKER HUNTER: Ms. Torres on the
resolution.

MS. TORRES: Thank you, Madam Speaker. Thank

you, Assemblymembers Reyes, for the resolution today. Today we proudly thank and recognize SOMOS, Incorporated for its leadership in bringing together Latino leaders, advocates and young people for the 38th Annual SOMOS Spring Conference. For nearly four decades, SOMOS has provided a space to uplift the voices of Latino communities across New York State, ensuring that our concerns, aspirations and achievements remain at the forefront of public policy. SOMOS is more than a conference, it is a movement. It is a space where we come together to build the collective power necessary to make meaningful change for our communities, from economic empowerment, healthcare, civil rights, housing and beyond.

One thing you may not know about SOMOS is that they all support the Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute which brings hundreds of Latino high school students across New York State, including several from my district in the Bronx, to learn about the legislative process. The students work throughout the year to learn about our process and will be sitting in our seats this weekend, including a student governor, a student speaker, a student majority leader and student legislators to do a mock debate. So not only will this be fun, but it truly embodies the investment that SOMOS brings for Latino empowerment across our State.

So as we introduce this resolution, especially in these trying times, I ask all of us to recommit to the values that SOMOS represents: Equity, justice and opportunity for all. So let us continue

to do this work together not just this weekend, but every day, to turn the discussions that we have in the days ahead into action for our communities. Thank you.

ACTING SPEAKER HUNTER: Thank you.

Mr. Zaccaro on the resolution.

MR. ZACCARO: Thank you, Madam Speaker.

Today I rise to commemorate the 38th anniversary of the SOMOS Spring Conference. It's a pivotal gathering that has a profound impact on Latino communities not just back home in the City of New York, but across the State. And, you know, for nearly four decades this conference has served as a powerful platform for advocating on behalf of our Latino and Black communities not only here in Albany, but across the entire State of New York. The SOMOS Spring Conference has been a beacon of collaboration, of empowerment and of progress. It brings together elected officials, it brings together community leaders and advocates to address issues that matter across most people who represent education, healthcare, economic opportunity and social justice. It is a time for us to listen, to learn and to chart a course for the future of where New Yorkers and every New Yorker, regardless of their background, has access to opportunities that they deserve. The Conference inspire -- has inspired generations of leaders and has provided a space for critical conversation about the needs of Latino and Black communities, and it's more than just a conference. It's a -- it's a call to action. It's a reminder of the responsibility we have as legislators to uplift those who have been historically marginalized and

to ensure the concerns are heard in the halls of power.

And as we mark this important milestone today, I want to thank the SOMOS organizers and every individual who has contributed to the success of this event over the last 38 years. Their tireless work has fostered a lasting legacy of unity, of advocacy, and of change. And so let us all remember the significance of this conference and reaffirm our commitment to advancing the rights and the opportunity for Latino and Black communities in the State of New York.

I want to thank my colleague and the sponsor for this resolution today, and I want to congratulate SOMOS on 38 years of its impact. Thank you so much, Madam Speaker.

ACTING SPEAKER HUNTER: Thank you.

Mr. Dais on the resolution.

MR. DAIS: Thank you, Madam Speaker. It is my honor to speak on this resolution for the 38th year of SOMOS. We have come a long way as we see the diversification of this Body, going as far back as, I guess, 1978 [sic], Assemblymember Robles, who was a titan in the Latino political community. Myself, my nationality, I am African-American, but my family is like much of New York. My wife is Dominican and Puerto Rican, my children are Afro-Latino.

I am an advocate for SOMOS and its agenda because if you look historically in New York (inaudible) East Harlem to the South Bronx who I represent, or to Williamsburg in Brooklyn or in

Brownsville, the Black and Latino community have always been bridged together. So when we talk about education, when we talk about housing, we talk about justice and opportunity and economic development in those communities, the mission of SOMOS aligns with my own community's issues.

So I'm proud to stand with the Chairwoman Reyes and the Task Force, because the work that they're doing is important. It's ensuring that those in the most vulnerable communities are receiving the resources and have a voice that is in this Chamber, in the Senate Chamber, and within the halls of this -- of our building. More importantly, I love the fact that we are creating bridges in these communities to ensure that we are creating new opportunities for those in these communities.

Lastly, I'm looking forward to this weekend's conference. I'm looking forward to the conversations that we're gonna have on justice and economic development and, most importantly, talk about the people's agenda that we can get done in this budget and moving off our legislative session. So thank you again to -- to the Chairwoman and thank you to the SOMOS Conference.

ACTING SPEAKER HUNTER: Thank you.

Ms. Reyes on the resolution.

MS. REYES: Thank you, Madam Speaker. I want to thank all my colleagues for their participation, not just on this resolution but in our conference. We are celebrating the 30th -- 38th anniversary of the SOMOS Conference, and as we were digging

through the archives we realized that this resolution was something that would happen every year to commemorate our communities, our Latino communities being brought up and coming to the seat of government to talk about the issues that impact them, to advocate for more resources, for a seat at the table. And we have made great strides through our task force, through the SOMOS Conference. We are so proud of that. We recognize that there is more work to be done. Latinos are 20 percent of the population in the State of New York and we deserve a seat at the table. And we are happy to welcome them, host them here, and we encourage all of our colleagues to come and participate with us to hear our community, to hear their troubles, to celebrate with us, to celebrate our wins and all of our achievements and to plan and strategize for the future ahead.

I also want to recognize SOMOS, Inc. We are the New York -- the Puerto Rican/Hispanic Task Force is a legislative Body, but SOMOS, Inc. is our non-profit arm that helps us put together the Conference every year. There our great partners in this work, and we want to recognize the Executive Director, Tania Capaz; the Chair of the Board, Frank Diaz, for all of their work and we look forward to this weekend.

Thank you, Madam Speaker.

ACTING SPEAKER HUNTER: Thank you.

Ms. Cruz on the resolution.

MS. CRUZ: Thank you, Madam Speaker. I echo the sentiments of all my colleagues, but I -- I want to get up specifically to

talk about how the Angelo Del Toro Puerto Rican and Hispanic Youth Leadership Institute that is part of the Conference has changed lives in my neighborhood. I have one of the Pan-American high schools, and I would say that about 90 percent of the kids in my Pan-American high school are undocumented kids. Some of those kids were actually in the ICE boxes in the border, and I have one specific young man who I met at the school told me the story of having fled Cuba, having been at the ICE boxes, having been separated from his family, and then one day at SOMOS maybe about -- not this SOMOS, last SOMOS, I bump into him right here in the Chamber. He was part of the Angelo Del Toro Leadership Day, and he got to be here in the halls of where the laws are made and where lives are changed. And because of the experience that he had here at SOMOS, he decided when he graduated that he was going to go study political science and eventually become an attorney. He's still going through his asylum process. But I want folks to understand that this isn't just about, yes, we get to have fun, and yes, we learn a lot and we have these workshops that are amazing, and we come together and we start imagining what a world where Latinos have more equity could look like. But we're actually changing the lives of people we may not even know. And these are young people who many of them come right here, sit in our seats, they mock debate, they get to speak about the world they want to see, and then they get to act on it. And so that's the kind of workshops, that's the kind of leadership, that's the kind of conference that SOMOS is, and I want to make sure that we continue

to do that.

Happy 38th Anniversary. Gigantic shout out to the team that makes it all happen. Tania, you and your team do amazing work. And I want to also thank our sponsor as well as our Chairwoman and the previous Chair folks. I've been coming to this -- this conference for about 15 years, and I've gotten to see how it's evolved over the years. And every year we have more folks, and this year we have even more Colombians, which we never did before, and it's amazing. And I can't wait to get to spend the weekend with you all, changing the lives of the young people in our neighborhood and teaching them that a better tomorrow does exist. Thank you.

ACTING SPEAKER HUNTER: Thank you.

Mr. Simone on the resolution.

MR. SIMONE: I want to speak -- I want to speak to the resolution on the 30th Annual SOMOS Conference. I want to thank our Chairwoman, Karines Reyes, and all who were involved, and now the non-profit arm SOMOS, Inc. with the theme of justice, action, equity. I was raised by an immigrant mom from Peru. I know how important it is to empower our young leaders, which is one of the SOMOS' main goals, as many of my colleagues have echoed before me, to not just empower our students, but community leaders to come to the Capitol to share their views and their aspiration and dreams. While many folks in our immigrant communities are facing challenges today from the Federal Government, we are here to help them, to empower them to be future leaders to make sure we hear from them

directly. As I have been recently told, you know, it started in 1987 with only six members and now we're up to 30 Latino members and growing. We are part of the American Dream and the American fabric to assert not only our dreams and needs, but our strong work ethic and connection to other communities.

I want to also last mention on the theme of justice, action, equity that it's not just a conference to network at reception, which is very important, but educational power panels to learn from each other. And we're stronger in large numbers. So I'm looking forward to a weekend at the SOMOS Conference, and thank you so much.

ACTING SPEAKER HUNTER: Mr. De Los Santos on the resolution.

MR. DE LOS SANTOS: Thank you, Madam Speaker. I personally want to talk about how significant this Conference has been throughout the years. I first attended SOMOS back early 2000, about 20 years ago, when I attended the University at Albany. And ever since, it has created an opportunity not just for myself, but also for many Latino and beyond. It -- it is about action, it's about our confirmation, our commitment to -- to work together as one and to continue to -- to commit to do what's right. And to also to build opportunity for the next generation to also come up to Albany and learn about our legislative process, but also create a network that perhaps never existed for them before. So I want to also commend our Chairwoman and the sponsor of this legislation for -- for taking

the time to introduce it, because for someone like me who has been attending SOMOS for over 20 years, it is significant.

So thank you, Madam Speaker, for -- for this opportunity, and I look forward to see you all on this year's SOMOS. Welcome to SOMOS.

ACTING SPEAKER HUNTER: Thank you.

Ms. Romero on the resolution.

MS. ROMERO: Thank you. I share the sentiments of my colleagues. This is my first SOMOS as a legislator. I actually grew up hearing of SOMOS from my parents, who were leaders in the Hispanic community in Albany. And now as the first Latina to be elected in Upstate New York, I am so honored to now be participating in SOMOS myself. And it's really a great opportunity for our young people, for the Albany community and for New Yorkers and the Hispanic community to join together. At a time where our Federal leaders want to tear us apart, we will be coming together to find ways to bridge this divide and make us stronger.

I look forward to this weekend. Thank you so much to our Chairwoman, to our Speaker, Carl Heastie, for the support, and to all of those that are coming together weekend, I really look forward to a historic SOMOS. And thank you to everyone for your support.

ACTING SPEAKER HUNTER: Mr. Maher on the resolution.

MR. MAHER: Thank you, Madam Speaker. I rise to support this resolution. It's interesting that some of my colleagues

mentioned young people attending SOMOS events. One of the first events I attended for SOMOS was actually right here in Albany, and I got to interact with members both in the Senate and the Assembly and it was quite inspiring, and I believe absolutely played a significant role in leading me to where I am today. My mother, who came from Puerto Rico, met my Irish-Italian father, had a bunch of kids. A lot of love, a lot of church, a lot of good food. And when it comes to the significance of this weekend, it is about advocacy, but it's also about celebrating mixed cultures and the significance of Puerto Rican and Hispanic heritages and the greatness they provided to both our State and our country. And I'm proud to support this resolution.

ACTING SPEAKER HUNTER: Mr. Lavine on the resolution.

MR. LAVINE: I was very pleased that the name Angelo Del Toro was mentioned earlier. Angelo was the founder of the Puerto Rican and Hispanic Youth Leadership Institute. Angelo and I went to law school together. We were friends, good friends in law school. And he went on to serve in the Assembly from 1975 to 1994, and he was Chair of the Education Committee. He was a great guy who we lost too young. From his earliest days, Angelo wanted to change the world. And as we look back on these many years of SOMOS, I think no one can argue with the fact that Angelo Del Toro did change the world.

Thank you for letting me speak.

ACTING SPEAKER HUNTER: Thank you.

Mrs. Peoples-Stokes on the resolution.

MRS. PEOPLES-STOKES: Thank you, Madam Speaker. I rise to congratulate the Chairwoman of SOMOS and their 38 years of providing education and information to those who follow them and the future generations that are coming. This is what we're supposed to do as people. We're supposed to make sure that what we have and within our knowledge is shared with our young people, shared with our community so that we're lifting as we climb. So I want to congratulate her on the work that's she's done with SOMOS in the last couple of years, and I want to congratulate all my members, all my -- all my members who our members of the SOMOS. It's a fabulous opportunity. I regretfully can't attend this weekend, but I know that you're gonna have a great time. And in the words of our former colleague Carmen Arroyos [sic], who used to tell me, *Crystal, we're all the same. We just got off the ship at a different place.* And honestly, she's exactly right about that. And it hasn't changed, it's been the way of the world.

And so I'm honored to support you all in this resolution. I wish you all the best for your weekend.

ACTING SPEAKER HUNTER: Thank you.

On the resolution, all those in favor signify by saying aye opposed, no. The resolution is adopted.

We have a number of additional resolutions before the House. Without objection, these resolutions will be taken up together.

On the resolutions, all those in favor signify by saying aye; opposed, no. The resolutions are adopted.

(Whereupon, Assembly Resolution Nos. 167-169 were unanimously approved.)

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: Madam Speaker, if you can call on Ms. Clark for an announcement.

ACTING SPEAKER HUNTER: Ms. Clark for the purposes of an announcement.

MS. CLARK: The announcement is that the Majority Conference will have conference immediately following Session in Hearing Room C.

ACTING SPEAKER HUNTER: Immediate Majority conference following the adjournment of Session in Hearing Room C.

Mrs. Peoples-Stokes.

MRS. PEOPLES-STOKES: I now move that the Assembly stand adjourned until Thursday, March the 6th, tomorrow being a legislative day, and that we will reconvene at 2:00 p.m., March the 10th, Monday being a Session day.

ACTING SPEAKER HUNTER: On Mrs. Peoples-Stokes' motion, the House stands adjourned.

(Whereupon, at 12:24 p.m., the House stood adjourned until Thursday, March 6th, that being a legislative day, and to reconvene on Monday, March 10th at 2:00 p.m., that being a Session day.)