A 10727 Rules (Rosenthal) Same as S 8139 MURPHY
Governor Program # 33
Public Health Law
TITLE....Relates to the treatment of heroin and opioid addictions

06/14/16 referred to alcoholism and drug abuse
06/15/16 reported referred to ways and means
06/15/16 reported referred to rules
06/16/16 reported
06/16/16 rules report cal.487
06/16/16 ordered to third reading rules cal.487
06/17/16 substituted by s8139

S08139 MURPHY

06/13/16 REFERRED TO RULES
06/16/16 ORDERED TO THIRD READING CAL.1896
06/16/16 PASSED SENATE
06/16/16 DELIVERED TO ASSEMBLY
06/16/16 referred to ways and means
06/17/16 substituted for a10727
06/17/16 ordered to third reading rules cal.487
06/17/16 passed assembly
06/17/16 returned to senate
06/21/16 DELIVERED TO GOVERNOR
06/22/16 SIGNED CHAP.71

S8139 MURPHY Same as A 10727 Rules (Rosenthal)
Governor Program # 33
ON FILE: 06/13/16 Public Health Law
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RULES COM (Request of Rosenthal, Harris, McDonald, Cusick, Lupardo, Braunstein, Jaffee, Zebrowski, Steck, Skoufis, Ryan, Otis, Santabarbara, Weinstein, Johns, Lupinacci, Goodell)
Amd §§3309-a, 3331 & 3381, Pub Health L; amd §§3216, 3221 & 4303, Ins L; amd §367-a, Soc Serv L; amd §19.09, Ment Hyg L
Relates to providing training in pain management for certain individuals; relates to providing coverage for medically necessary inpatient services for the diagnosis and treatment of substance abuse disorder; directs the commissioner to create educational materials regarding the dangers of addiction to prescription controlled substances, treatment resources available and the proper way to dispose of unused prescription controlled substances; allows a pharmacy to offer counseling and referral services to customers purchasing hypodermic syringes.
Governor's Program

STATE OF NEW YORK

10727

IN ASSEMBLY

June 14, 2016

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Rosenthal) -- (at request of the Governor) -- read once and referred to the Committee on Alcoholism and Drug Abuse

AN ACT to amend the public health law, in relation to providing training in pain management for certain individuals (Part A); to amend the insurance law, in relation to providing coverage for medically necessary inpatient services for the diagnosis and treatment of substance abuse disorder (Part B); to amend the public health law, the social services law, and the insurance law, in relation to limiting initial prescriptions for opioids to a seven-day supply (Part C); and to amend the mental hygiene law and the public health law, in relation to the dissemination of information by pharmacists to customers regarding controlled substances and counseling for individuals purchasing syringes (Part D)

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

1 Section 1. This act enacts into law major components of legislation
2 related to the treatment of heroin and opioid addictions. Each component
3 is wholly contained within a Part identified as Parts A through D. The
4 effective date for each particular provision contained within such Part
5 is set forth in the last section of such Part. Any provision in any
6 section contained within a Part, including the effective date of the
7 Part, which makes a reference to a section "of this act", when used in
8 connection with that particular component, shall be deemed to mean and
9 refer to the corresponding section of the Part in which it is found.
10 Section three of this act sets forth the general effective date of this
11 act.

12 PART A

13 Section 1. Section 3309-a of the public health law, as added by
14 section 52 of part D of chapter 56 of the laws of 2012, subparagraphs
15 (i), (ii), and (iii) of paragraph (b) of subdivision 2 as amended by and
16 subparagraph (iv) of paragraph (b) of subdivision 2 as added by section

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

LBD12080-01-6

A. 10727 2

1 1 of part D of chapter 447 of the laws of 2012, and subdivisions 3 and 4
2 as amended by section 2 of part D of chapter 447 of the laws of 2012, is
3 amended to read as follows:
4 § 3309-a. Prescription pain medication awareness program. 1. There is
5 hereby established within the department a prescription pain medication
6 awareness program to educate the public and health care practitioners
7 about the risks associated with prescribing and taking controlled
8 substance pain medications.
9 2. Within the amounts appropriated, the commissioner, in consultation
10 with the commissioner of the office of alcoholism and substance abuse
11 services, shall[~~:~~
12 ~~(a) Develop~~] develop and conduct a public health education media
13 campaign designed to alert youth, parents and the general population
14 about the risks associated with prescription pain medications and the
15 need to properly dispose of any unused medication. In developing this
16 campaign, the commissioner shall consult with and use information
17 provided by the work group established pursuant to subdivision [~~(b)~~]
18 four of this section and other relevant professional organizations. The
19 campaign shall include an internet website providing information for
20 parents, children and health care professionals on the risks associated
21 with taking opioids and resources available to those needing assistance
22 with prescription pain medication addiction. Such website shall also
23 provide information regarding where individuals may properly dispose of
24 controlled substances in their community and include active links to
25 further information and resources. The campaign shall begin no later
26 than September first, two thousand twelve.
27 3. Course work or training in pain management, palliative care and
28 addiction. (a) Every person licensed under title eight of the education
29 law to treat humans, registered under the federal controlled substances
30 act and in possession of a registration number from the drug enforcement
31 administration, United States Department of Justice or its successor
32 agency, and every medical resident who is prescribing under a facility
33 registration number from the drug enforcement administration, United
34 States Department of Justice or its successor agency, shall, on or
35 before July first, two thousand seventeen and once within each three
36 year period thereafter, complete three hours of course work or training
37 in pain management, palliative care, and addiction approved by the
38 department.
39 (b) Every person licensed on or after July first, two thousand seven-
40 teen under title eight of the education law to treat humans, registered
41 under the federal controlled substances act and in possession of a
42 registration number from the drug enforcement administration, United
43 States Department of Justice or its successor agency, and every medical
44 resident who begins prescribing under a facility registration number
45 from the drug enforcement administration, United States Department of
46 Justice or its successor agency on or after July first, two thousand
47 seventeen, shall complete such course work or training within one year
48 of such registration and once within each three year period thereafter.
49 (c) The commissioner, in consultation with the department of education
50 and the office of alcoholism and substance abuse services, shall estab-
51 lish standards and review and approve course work or training in pain
52 management, palliative care, and addiction and shall publish information
53 related to such standards, course work or training on the department's
54 website.
55 (d) Existing course work or training, including course work or train-
56 ing developed by a nationally recognized health care professional,

1 specialty, or provider association, or nationally recognized pain
2 management association, may be considered in implementing this subdivi-
3 sion.
4 (e) Nothing shall preclude course work or training that meets the
5 requirements of paragraph (c) of this subdivision from counting toward
6 this requirement if taken online.
7 (f) Course work or training shall include, but not be limited to:
8 state and federal requirements for prescribing controlled substances;
9 pain management; appropriate prescribing; managing acute pain; pallia-
10 tive medicine; prevention, screening and signs of addiction; responses
11 to abuse and addiction; and end of life care.
12 (g) Each licensed person required by this subdivision to complete
13 course work or training shall document to the department by attestation
14 on a form prescribed by the commissioner that such licensed person has
15 completed the course work or training required by this subdivision. For
16 medical residents who are prescribing under a facility registration
17 number from the drug enforcement administration, United States Depart-
18 ment of Justice or its successor agency, such attestation shall be made
19 by the facility.
20 (h) The department shall institute a procedure for application for an
21 exemption from said requirement. The department may provide an exemption
22 from the course work and training required by this subdivision to any
23 such licensed person who: (i) clearly demonstrates to the department's
24 satisfaction that there would be no need for him or her to complete such
25 course work or training; or (ii) that he or she has completed course
26 work or training deemed by the department to be equivalent to the course
27 work or training approved by the department pursuant to this subdivi-
28 sion.
29 (i) Nothing herein shall preclude such course work or training in pain
30 management, palliative care, and addiction from counting toward continu-
31 ing education requirements under title eight of the education law to the
32 extent provided in the regulations of the commissioner of education.
33 (j) Nothing herein shall preclude such course work or training in pain
34 management, palliative care, and addiction from counting toward continu-
35 ing education requirements of a nationally accredited medical board to
36 the extent acceptable to such board.
37 4. Establish a work group, no later than June first, two thousand
38 twelve, which shall be composed of experts in the fields of palliative
39 and chronic care pain management and addiction medicine. Members of the
40 work group shall receive no compensation for their services, but shall
41 be allowed actual and necessary expenses in the performance of their
42 duties pursuant to this section. The work group shall:
43 [(i)] (a) Report to the commissioner regarding the development of
44 recommendations and model courses for continuing medical education,
45 refresher courses and other training materials for licensed health care
46 professionals on appropriate use of prescription pain medication. Such
47 recommendations, model courses and other training materials shall be
48 submitted to the commissioner, who shall make such information available
49 for the use in medical education, residency programs, fellowship
50 programs, and for use in continuing medication education programs no
51 later than January first, two thousand thirteen. Such recommendations
52 also shall include recommendations on: [(A)] (i) educational and contin-
53 uing medical education requirements for practitioners appropriate to
54 address prescription pain medication awareness among health care profes-
55 sionals; [(B)] (ii) continuing education requirements for pharmacists
56 related to prescription pain medication awareness; and [(C)] (iii)

1 continuing education in palliative care as it relates to pain manage-
2 ment, for which purpose the work group shall consult the New York state
3 palliative care education and training council;
4 [~~(ii)~~] (b) No later than January first, two thousand thirteen, provide
5 outreach and assistance to health care professional organizations to
6 encourage and facilitate continuing medical education training programs
7 for their members regarding appropriate prescribing practices for the
8 best patient care and the risks associated with overprescribing and
9 underprescribing pain medication;
10 [~~(iii)~~] (c) Provide information to the commissioner for use in the
11 development and continued update of the public awareness campaign,
12 including information, resources, and active web links that should be
13 included on the website; and
14 [~~(iv)~~] (d) Consider other issues deemed relevant by the commissioner,
15 including how to protect and promote the access of patients with a
16 legitimate need for controlled substances, particularly medications
17 needed for pain management by oncology patients, and whether and how to
18 encourage or require the use or substitution of opioid drugs that employ
19 tamper-resistance technology as a mechanism for reducing abuse and
20 diversion of opioid drugs.
21 [~~3.~~] 5. On or before September first, two thousand twelve, the commis-
22 sioner, in consultation with the commissioner of the office of alcohol-
23 ism and substance abuse services, the commissioner of education, and the
24 executive secretary of the state board of pharmacy, shall add to the
25 workgroup such additional members as appropriate so that the workgroup
26 may provide guidance in furtherance of the implementation of the I-STOP
27 act. For such purposes, the workgroup shall include but not be limited
28 to consumer advisory organizations, health care practitioners and
29 providers, oncologists, addiction treatment providers, practitioners
30 with experience in pain management, pharmacists and pharmacies, and
31 representatives of law enforcement agencies.
32 [~~4.~~] 6. The commissioner shall report to the governor, the temporary
33 president of the senate and the speaker of the assembly no later than
34 March first, two thousand thirteen, and annually thereafter, on the work
35 group's findings. The report shall include information on opioid over-
36 dose deaths, emergency room utilization for the treatment of opioid
37 overdose, the utilization of pre-hospital addiction services and recom-
38 mendations to reduce opioid addiction and the consequences thereof.
39 [~~The report shall also include a recommendation as to whether subdivi-~~
40 ~~sion two of section thirty-three hundred forty-three-a of this article~~
41 ~~should be amended to require practitioners prescribing or dispensing~~
42 ~~certain identified schedule V controlled substances to comply with the~~
43 ~~consultation requirements of such subdivision.~~]
44 § 2. This act shall take effective immediately.

45 PART B

46 Section 1. Paragraph 30 of subsection (i) of section 3216 of the
47 insurance law, as added by chapter 41 of the laws of 2014, is amended to
48 read as follows:
49 (30)(A) Every policy that provides hospital, major medical or similar
50 comprehensive coverage must provide inpatient coverage for the diagnosis
51 and treatment of substance use disorder, including detoxification and
52 rehabilitation services. Such **inpatient coverage shall include unlimited**
53 **medically necessary treatment for substance use disorder treatment**
54 **services provided in residential settings as required by the Mental**

1 **Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).**
2 **Further, such inpatient** coverage shall not apply financial requirements
3 or treatment limitations**, including utilization review requirements,** to
4 inpatient substance use disorder benefits that are more restrictive than
5 the predominant financial requirements and treatment limitations applied
6 to substantially all medical and surgical benefits covered by the poli-
7 cy. Further, such coverage shall be provided consistent with the feder-
8 al Paul Wellstone and Pete Domenici Mental Health Parity and Addiction
9 Equity Act of 2008 (29 U.S.C. § 1185a).
10 (B) Coverage provided under this paragraph may be limited to facili-
11 ties in New York state which are certified by the office of alcoholism
12 and substance abuse services and, in other states, to those which are
13 accredited by the joint commission as alcoholism, substance abuse, or
14 chemical dependence treatment programs.
15 (C) Coverage provided under this paragraph may be subject to annual
16 deductibles and co-insurance as deemed appropriate by the superintendent
17 and that are consistent with those imposed on other benefits within a
18 given policy.
19 **(D) This subparagraph shall apply to facilities in this state certi-**
20 **fied by the office of alcoholism and substance abuse services that are**
21 **participating in the insurer's provider network. Coverage provided under**
22 **this paragraph shall not be subject to preauthorization. Coverage**
23 **provided under this paragraph shall also not be subject to concurrent**
24 **utilization review during the first fourteen days of the inpatient**
25 **admission provided that the facility notifies the insurer of both the**
26 **admission and the initial treatment plan within forty-eight hours of the**
27 **admission. The facility shall perform daily clinical review of the**
28 **patient, including the periodic consultation with the insurer to ensure**
29 **that the facility is using the evidence-based and peer reviewed clinical**
30 **review tool utilized by the insurer which is designated by the office of**
31 **alcoholism and substance abuse services and appropriate to the age of**
32 **the patient, to ensure that the inpatient treatment is medically neces-**
33 **sary for the patient. Any utilization review of treatment provided under**
34 **this subparagraph may include a review of all services provided during**
35 **such inpatient treatment, including all services provided during the**
36 **first fourteen days of such inpatient treatment. Provided, however, the**
37 **insurer shall only deny coverage for any portion of the initial fourteen**
38 **day inpatient treatment on the basis that such treatment was not**
39 **medically necessary if such inpatient treatment was contrary to the**
40 **evidence-based and peer reviewed clinical review tool utilized by the**
41 **insurer which is designated by the office of alcoholism and substance**
42 **abuse services. An insured shall not have any financial obligation to**
43 **the facility for any treatment under this subparagraph other than any**
44 **copayment, coinsurance, or deductible otherwise required under the poli-**
45 **cy.**
46 § 2. Paragraph 6 of subsection (l) of section 3221 of the insurance
47 law, as amended by chapter 41 of the laws of 2014, is amended to read as
48 follows:
49 (6) (A) Every policy that provides hospital, major medical or similar
50 comprehensive coverage must provide inpatient coverage for the diagnosis
51 and treatment of substance use disorder, including detoxification and
52 rehabilitation services. Such **inpatient coverage shall include unlimited**
53 **medically necessary treatment for substance use disorder treatment**
54 **services provided in residential settings as required by the Mental**
55 **Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).**
56 **Further, such inpatient** coverage shall not apply financial requirements

or treatment limitations**, including utilization review requirements,** to inpatient substance use disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy. Further, such coverage shall be provided consistent with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

(B) Coverage provided under this paragraph may be limited to facilities in New York state which are certified by the office of alcoholism and substance abuse services and, in other states, to those which are accredited by the joint commission as alcoholism, substance abuse or chemical dependence treatment programs.

(C) Coverage provided under this paragraph may be subject to annual deductibles and co-insurance as deemed appropriate by the superintendent and that are consistent with those imposed on other benefits within a given policy.

(D) This subparagraph shall apply to facilities in this state certified by the office of alcoholism and substance abuse services that are participating in the insurer's provider network. Coverage provided under this paragraph shall not be subject to preauthorization. Coverage provided under this paragraph shall also not be subject to concurrent utilization review during the first fourteen days of the inpatient admission provided that the facility notifies the insurer of both the admission and the initial treatment plan within forty-eight hours of the admission. The facility shall perform daily clinical review of the patient, including the periodic consultation with the insurer to ensure that the facility is using the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of alcoholism and substance abuse services and appropriate to the age of the patient, to ensure that the inpatient treatment is medically necessary for the patient. Any utilization review of treatment provided under this subparagraph may include a review of all services provided during such inpatient treatment, including all services provided during the first fourteen days of such inpatient treatment. Provided, however, the insurer shall only deny coverage for any portion of the initial fourteen day inpatient treatment on the basis that such treatment was not medically necessary if such inpatient treatment was contrary to the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of alcoholism and substance abuse services. An insured shall not have any financial obligation to the facility for any treatment under this subparagraph other than any copayment, coinsurance, or deductible otherwise required under the policy.

§ 3. Subsection (k) of section 4303 of the insurance law, as amended by chapter 41 of the laws of 2014, is amended to read as follows:

(k)(1) Every contract that provides hospital, major medical or similar comprehensive coverage must provide inpatient coverage for the diagnosis and treatment of substance use disorder, including detoxification and rehabilitation services. Such **inpatient coverage shall include unlimited medically necessary treatment for substance use disorder treatment services provided in residential settings as required by the Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a). Further, such inpatient** coverage shall not apply financial requirements or treatment limitations**, including utilization review requirements,** to inpatient substance use disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied

1 to substantially all medical and surgical benefits covered by the
2 contract. Further, such coverage shall be provided consistent with the
3 federal Paul Wellstone and Pete Domenici Mental Health Parity and
4 Addiction Equity Act of 2008 (29 U.S.C. § 1185a).
5 (2) Coverage provided under this subsection may be limited to facili-
6 ties in New York state which are certified by the office of alcoholism
7 and substance abuse services and, in other states, to those which are
8 accredited by the joint commission as alcoholism, substance abuse, or
9 chemical dependence treatment programs.
10 (3) Coverage provided under this subsection may be subject to annual
11 deductibles and co-insurance as deemed appropriate by the superintendent
12 and that are consistent with those imposed on other benefits within a
13 given contract.
14 **(4) This paragraph shall apply to facilities in this state certified**
15 **by the office of alcoholism and substance abuse services that are**
16 **participating in the corporation's provider network. Coverage provided**
17 **under this subsection shall not be subject to preauthorization. Coverage**
18 **provided under this subsection shall also not be subject to concurrent**
19 **utilization review during the first fourteen days of the inpatient**
20 **admission provided that the facility notifies the corporation of both**
21 **the admission and the initial treatment plan within forty-eight hours of**
22 **the admission. The facility shall perform daily clinical review of the**
23 **patient, including the periodic consultation with the corporation to**
24 **ensure that the facility is using the evidence-based and peer reviewed**
25 **clinical review tool utilized by the corporation which is designated by**
26 **the office of alcoholism and substance abuse services and appropriate to**
27 **the age of the patient, to ensure that the inpatient treatment is**
28 **medically necessary for the patient. Any utilization review of treatment**
29 **provided under this paragraph may include a review of all services**
30 **provided during such inpatient treatment, including all services**
31 **provided during the first fourteen days of such inpatient treatment.**
32 **Provided, however, the corporation shall only deny coverage for any**
33 **portion of the initial fourteen day inpatient treatment on the basis**
34 **that such treatment was not medically necessary if such inpatient treat-**
35 **ment was contrary to the evidence-based and peer reviewed clinical**
36 **review tool utilized by the corporation which is designated by the**
37 **office of alcoholism and substance abuse services. An insured shall not**
38 **have any financial obligation to the facility for any treatment under**
39 **this paragraph other than any copayment, coinsurance, or deductible**
40 **otherwise required under the contract.**
41 § 4. This act shall take effect on the first of January next succeed-
42 ing the date on which it shall have become a law and shall apply to
43 policies and contracts issued, renewed, modified, altered or amended on
44 and after such date.

45 PART C

46 Section 1. Subdivision 5 of section 3331 of the public health law, as
47 amended by chapter 965 of the laws of 1974, is amended to read as
48 follows:
49 5. **(a)** No more than a thirty day supply or, pursuant to regulations of
50 the commissioner enumerating conditions warranting specified greater
51 supplies, no more than a three month supply of a schedule II, III or IV
52 substance, as determined by the directed dosage and frequency of dosage,
53 may be dispensed by an authorized practitioner at one time.

1 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
2 sion, a practitioner, within the scope of his or her professional opin-
3 ion or discretion, may not prescribe more than a seven-day supply of any
4 schedule II, III, or IV opioid to an ultimate user upon the initial
5 consultation or treatment of such user for acute pain. Upon any subse-
6 quent consultations for the same pain, the practitioner may issue, in
7 accordance with paragraph (a) of this subdivision, any appropriate
8 renewal, refill, or new prescription for the opioid or any other drug.
9 (c) For the purposes of this subdivision, "acute pain" shall mean
10 pain, whether resulting from disease, accidental or intentional trauma,
11 or other cause, that the practitioner reasonably expects to last only a
12 short period of time. Such term shall not include chronic pain, pain
13 being treated as part of cancer care, hospice or other end-of-life care,
14 or pain being treated as part of palliative care practices.
15 § 2. Subsection (i) of section 3216 of the insurance law is amended by
16 adding a new paragraph 33 to read as follows:
17 (33) Every policy delivered or issued for delivery in this state that
18 provides coverage for prescription drugs subject to a copayment shall
19 charge a copayment for a limited initial prescription of an opioid drug,
20 which is prescribed in accordance with paragraph (b) of subdivision five
21 of section thirty-three hundred one of the public health law, that is
22 either (i) proportional between the copayment for a thirty-day supply
23 and the amount of drugs the patient was prescribed; or (ii) equivalent
24 to the copayment for a full thirty-day supply of the opioid drug,
25 provided that no additional copayments may be charged for any additional
26 prescriptions for the remainder of the thirty-day supply.
27 § 3. Subsection (k) of section 3221 of the insurance law is amended by
28 adding a new paragraph 21 to read as follows:
29 (21) Every group or blanket policy delivered or issued for delivery in
30 this state that provides coverage for prescription drugs subject to a
31 copayment shall charge a copayment for a limited initial prescription of
32 an opioid drug, which is prescribed in accordance with paragraph (b) of
33 subdivision five of section thirty-three hundred one of the public
34 health law, that is either (i) proportional between the copayment for a
35 thirty-day supply and the amount of drugs the patient was prescribed; or
36 (ii) equivalent to the copayment for a full thirty-day supply of the
37 opioid drug, provided that no additional copayments may be charged for
38 any additional prescriptions for the remainder of the thirty-day supply.
39 § 4. Section 4303 of the insurance law is amended by adding a new
40 subsection (qq) to read as follows:
41 (qq) Every medical expense indemnity corporation, hospital service
42 corporation or health service corporation that provides coverage for
43 prescription drugs subject to a copayment shall charge a copayment for a
44 limited initial prescription of an opioid drug, which is prescribed in
45 accordance with paragraph (b) of subdivision five of section thirty-
46 three hundred one of the public health law, that is either (i) propor-
47 tional between the copayment for a thirty-day supply and the amount of
48 drugs the patient was prescribed; or (ii) equivalent to the copayment
49 for a full thirty-day supply of the opioid drug, provided that no addi-
50 tional copayments may be charged for any additional prescriptions for
51 the remainder of the thirty-day supply.
52 § 5. Paragraph (c) of subdivision 6 of section 367-a of the social
53 services law is amended by adding a new subparagraph (iv) to read as
54 follows:
55 (iv) When an individual is initially dispensed or prescribed a seven
56 or fewer days supply of an opioid pursuant to paragraph (b) of subdivi-

1 sion five of section three thousand three hundred thirty-one of the
2 public health law, and is subsequently dispensed or prescribed an addi-
3 tional supply of such opioid for the same underlying condition, the
4 total co-payment that may be charged to such an individual for the
5 initial prescription plus all subsequent prescriptions for the same
6 underlying condition for up to a total of thirty-days supply of such
7 opioid shall not exceed the amount set forth in subparagraph (iii) of
8 this paragraph.
9 § 6. This act shall take effect on the thirtieth day after it shall
10 have become a law; provided, that the amendments to paragraph (c) of
11 subdivision 6 of section 367-a of the social services law made by
12 section five of this act shall not affect the repeal of such paragraph
13 and shall expire and be deemed repealed therewith.

14 PART D

15 Section 1. Section 19.09 of the mental hygiene law is amended by
16 adding a new subdivision (j) to read as follows:
17 (j) (1) The commissioner, in consultation with the commissioner of
18 health, shall create or utilize existing educational materials regarding
19 the dangers of misuse and the potential for addiction to prescription
20 controlled substances, treatment resources available, and the proper way
21 to dispose of unused prescription controlled substances in accordance
22 with paragraph two of this subdivision.
23 (i) Such materials shall be made available to pharmacies registered in
24 the state, and shall be distributed at the time of dispensing with any
25 prescribed drug that is a controlled substance. Information disseminated
26 pursuant to this paragraph may, at the option of the consumer, be
27 distributed through electronic means.
28 (ii) Such materials shall also be posted on the website of the office
29 of alcoholism and substance abuse services and of the department of
30 health, and shall be provided in languages other than English as deemed
31 appropriate by the commissioners, but shall include the ten most common-
32 ly spoken languages, aside from English, in the state.
33 (2) The educational materials required in paragraph one of this subdi-
34 vision shall include the following:
35 (a) the risks of using or consuming such controlled substances;
36 (b) the physical, behavioral and advanced warning signs of addiction
37 to such controlled substances;
38 (c) the HOPELINE telephone contract number (1-877-8-HOPE-NY) and text
39 (HOPENY) for the HOPELINE operated by the office, or any number that
40 succeeds the HOPELINE;
41 (d) the procedures for the safe disposal of unused controlled
42 substances established pursuant to section thirty-three hundred forty-
43 three-b of the public health law; and
44 (e) such other information as the commissioner shall determine to be
45 necessary or informative relating to the use, consumption or abuse of,
46 or addiction to controlled substances.
47 (3) A pharmacy may also provide additional information regarding the
48 safe disposal of controlled substances, including but not limited to any
49 disposal program that such pharmacy is operating or participating in
50 outside of the programs under section thirty-three hundred forty-three-b
51 of the public health law.
52 § 2. Paragraphs (e) and (f) of subdivision 5 of section 3381 of the
53 public health law, as amended by section 9-a of part B of chapter 58 of
54 the laws of 2007, are amended to read as follows:

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1 (e) **A pharmacy registered under article one hundred thirty-seven of**
2 **the education law may offer counseling and referral services to custom-**
3 **ers purchasing hypodermic syringes for the purpose of: preventing**
4 **injection drug abuse; the provision of drug treatment; preventing and**
5 **treating hepatitis C; preventing drug overdose; testing for the human**
6 **immunodeficiency virus; and providing pre-exposure prophylaxis and non-**
7 **occupational post-exposure prophylaxis. The content of such counseling**
8 **and referral shall be at the professional discretion of the pharmacist.**
9 **(f)** The commissioner shall promulgate rules and regulations necessary
10 to implement the provisions of this subdivision which shall include a
11 requirement that such pharmacies, health care facilities and health care
12 practitioners cooperate in a safe disposal of used hypodermic needles or
13 syringes.
14 [~~(f)~~] **(g)** The commissioner may, upon the finding of a violation of
15 this section, suspend for a determinate period of time the sale or
16 furnishing of syringes by a specific entity.
17 § 3. This act shall take effect on the one hundred twentieth day after
18 it shall have become a law; provided, however, that effective immediate-
19 ly the office of alcoholism and substance abuse services may create the
20 educational materials required pursuant to section one of this act.
21 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
22 sion, section or part of this act shall be adjudged by any court of
23 competent jurisdiction to be invalid, such judgment shall not affect,
24 impair, or invalidate the remainder thereof, but shall be confined in
25 its operation to the clause, sentence, paragraph, subdivision, section
26 or part thereof directly involved in the controversy in which such judg-
27 ment shall have been rendered. It is hereby declared to be the intent of
28 the legislature that this act would have been enacted even if such
29 invalid provisions had not been included herein.
30 § 3. This act shall take effect immediately provided, however, that
31 the applicable effective date of Parts A through D of this act shall be
32 as specifically set forth in the last section of such Parts.

NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(f)

BILL NUMBER: A10727

SPONSOR: Rules (Rosenthal)

TITLE OF BILL:

An act to amend the public health law, in relation to providing training in pain management for certain individuals (Part A); to amend the insurance law, in relation to providing coverage for medically necessary inpatient services for the diagnosis and treatment of substance abuse disorder (Part B); to amend the public health law, the social services law, and the insurance law, in relation to limiting initial prescriptions for opioids to a seven-day supply (Part C); and to amend the mental hygiene law and the public health law, in relation to the dissemination of information by pharmacists to customers regarding controlled substances and counseling for individuals purchasing syringes (Part D)

PURPOSE OF THE BILL:

The purpose of this bill is to require continuing medical education on pain management by physicians and other healthcare providers, to mandate insurance coverage for needed inpatient treatment services, to limit opioid prescriptions from 30-day supplies to 7-day supplies, and to require pharmacists to provide additional education and counseling to those receiving opioids.

SUMMARY OF PROVISIONS:

PART A

Section 1 of this bill would require physicians and other individuals authorized to prescribe opioids by the U.S. Drug Enforcement Administration to complete mandatory three hours of coursework on pain management, palliative care, and addiction every three years by amending Pub. Health L. § 3309-a. Certain exemptions would apply.

Section 2 would make the bill effective immediately.

PART B

Sections 1, 2, and 3 of this bill would break down barriers to inpatient opioid treatment by requiring insurance companies to: (i) provide insurance coverage, without prior authorization, for inpatient services for the diagnosis and treatment of a substance use disorder as long as needed; and (ii) only conduct a utilization review, including retrospective review, commencing on or after the fifteenth day by amending Ins. L. §§

3216(i)(30), 3221(1)(6), and 4303(k). Patients would also be held harmless for any costs, other than copayments or coinsurances, for the provision of these services.

Section 4 would set forth the effective date of the bill.

PART C

Section 1 of this bill would prohibit doctors from prescribing schedule II, III, or IV opioids in an amount greater than a seven-day supply (from the current law of 30-days) by amending Pub. Health L. § 3331(5).

Sections 2, 3, and 4 of this bill would amend the insurance law to provide that consumers shall remain eligible for coverage up to a 30-day supply but only pay a single copayment for this amount of medication or instead a copayment proportionate to the amount of medication received at a given time.

Section 5 of this bill would amend Soc. Serv. L. § 367-a(6) to provide that customers of managed care organizations only be required to pay a copayment that is in proportion to the amount of medication that they received.

Section 6 would make the bill effective on the 30th day after enactment.

PART D

Section 1 of this bill would amend Men. Hyg. L. § 19.09 to require the commissioner of the office of alcoholism and substance abuse services to create educational materials that would be disseminated by a pharmacist to a consumer at the time the consumer receives his or her prescription of controlled substances (OASAS). This section would also allow that such materials be disseminated electronically at the request of the consumer, and would require OASAS to post the information on its website.

Section 2 of this bill would amend Pub. Health L. § 3381(5) to authorize pharmacists to offer counseling and referral services to individuals purchasing hypodermic needles.

Section 3 would make the bill effective immediately.

STATEMENT IN SUPPORT:

This bill would enact a number of initiatives to address the State's current heroin and opioid crisis, including requiring prescriber education and providing insurance coverage for necessary inpatient services for the diagnosis and treatment of substance use disorder.

PART A

While legally prescribed medications play an important role in the treatment and management of pain, it is critical that prescribers receive updated education on these medications, their use, and potential associated risks for patients. This bill would require certain prescri-

bers to complete three hours of coursework on pain management, palliative care, and addiction every three years. Since many types of health care professionals have the ability to prescribe opioids, this requirement would apply to physicians, nurse practitioners, physician assistants, podiatrists, dentists, and midwives.

PART B

Any person who needs inpatient medical services at a detoxification or treatment facility must first receive prior approval from their insurance company before they can be admitted. This process can take several days and prevents individuals from getting timely access to treatment. Further, even after admission to a facility, insurers can immediately conduct clinical reviews to determine if inpatient treatment remains necessary. These processes take valuable time away from clinical staff and serve as a barrier for people trying to access inpatient treatment. This bill would eliminate prior authorization for necessary inpatient treatment services to get patients in the door of a treatment facility and would only allow insurers to commence utilization review after fourteen days.

PART C

While New York has made strides towards reducing "doctor shopping" through I-STOP and the prescription monitoring program, overprescribing continues, and admissions to OASAS certified treatment programs for opioids increased 20 percent from 2011 to 2015. The federal Centers for Disease Control and Prevention recently issued its "Guideline for Prescribing Opioids for Chronic Pain" recommending that "when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed."

To limit access to unused medication and reduce the likelihood that a patient with a prescription may become addicted to opioids, this bill would limit the initial prescription of an opioid to no more than a 7-day supply, with exceptions for chronic pain, cancer, and palliative care.

PART D

Pharmacists play a critical role in educating consumers about prescription pain medications before a consumer becomes addicted. This bill would require pharmacists to educate consumers about the risk of addiction and available treatment resources for substance use disorder.

Further, a pharmacist should be able to counsel individuals seeking to purchase hypodermic needles. This bill would authorize a pharmacist to counsel a person purchasing hypodermic needles on preventing drug abuse, the availability of drug abuse treatment services, preventing and treating Hepatitis C, and testing for the human immunodeficiency virus.

BUDGET IMPLICATIONS:

None

EFFECTIVE DATE:
This act shall take effect immediately provided, however, that the applicable effective date of Parts A through D of this act shall be as specifically set forth in the last section of such Parts.