

355--A

2015-2016 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2015

Introduced by M. of A. ROSENTHAL, GOTTFRIED, ORTIZ, HOOPER, MOSLEY, ENGLEBRIGHT, JAFFEE, PEOPLES-STOKES, RYAN, THIELE, KEARNS, KAMINSKY, JEAN-PIERRE, RAMOS, CUSICK, WOERNER, PAULIN, BICHOTTE, BARRON, RICHARDSON -- Multi-Sponsored by -- M. of A. ARROYO, CERETTO, CLARK, DINOWITZ, GALEF, MURRAY, PERRY, RIVERA, SALADINO, SIMON -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the prescription pain medication awareness program; and providing for the repeal of such provisions upon expiration thereof

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 3309-a of the public health law, as added by
2 section 52 of part D of chapter 56 of the laws of 2012, subparagraphs
3 (i), (ii) and (iii) of paragraph (b) of subdivision 2 as amended and
4 subparagraph (iv) of paragraph (b) of subdivision 2 as added by section
5 1 and subdivisions 3 and 4 as amended by section 2 of part D of chapter
6 447 of the laws of 2012, is amended to read as follows:
7 S 3309-a. Prescription pain medication awareness program. 1. There is
8 hereby established within the department a prescription pain medication
9 awareness program to educate the public and health care practitioners
10 about the risks associated with prescribing and taking controlled
11 substance pain medications.
12 2. Within the amounts appropriated, the commissioner, in consultation
13 with the commissioner of the office of alcoholism and substance abuse
14 services, shall[:
15 (a) Develop] DEVELOP and conduct a public health education media
16 campaign designed to alert youth, parents and the general population

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

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1 about the risks associated with prescription pain medications and the
2 need to properly dispose of any unused medication. In developing this
3 campaign, the commissioner shall consult with and use information
4 provided by the work group established pursuant to subdivision [(b)]
5 FOUR of this section and other relevant professional organizations. The
6 campaign shall include an internet website providing information for
7 parents, children and health care professionals on the risks associated
8 with taking opioids and resources available to those needing assistance
9 with prescription pain medication addiction. Such website shall also
10 provide information regarding where individuals may properly dispose of
11 controlled substances in their community and include active links to
12 further information and resources. The campaign shall begin no later
13 than September first, two thousand twelve.

14 [(b)] 3. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF
15 EDUCATION, SHALL ESTABLISH STANDARDS, AND REVIEW AND IMPLEMENT REQUIRE-
16 MENTS FOR THE PERFORMANCE OF CONTINUING MEDICAL EDUCATION ON PAIN
17 MANAGEMENT, PALLIATIVE CARE AND ADDICTION. EVERY HEALTH CARE PROFES-
18 SIONAL LICENSED, REGISTERED OR CERTIFIED UNDER TITLE EIGHT OF THE EDUCA-
19 TION LAW TO TREAT HUMANS AND REGISTERED UNDER THE FEDERAL CONTROLLED
20 SUBSTANCES ACT AND IN POSSESSION OF A REGISTRATION NUMBER FROM THE DRUG
21 ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE, OR ITS
22 SUCCESSOR AGENCY, SHALL, PRIOR TO RENEWAL OF REGISTRATION TO PRACTICE,
23 COMPLETE THREE HOURS OF COURSE WORK AS SET FORTH IN THIS SECTION;
24 PROVIDED, HOWEVER, THAT SAID HOURS SHALL BE DEEMED TO COUNT TOWARD THE
25 PROFESSIONAL'S OBLIGATION FOR BOARD CERTIFICATION OR EXISTING CONTINUING
26 EDUCATION REQUIREMENT FOR LICENSURE.

27 (A) EXISTING CURRICULA, INCLUDING CURRICULA DEVELOPED BY A NATIONALLY
28 RECOGNIZED HEALTH CARE PROFESSIONAL, SPECIALTY, OR PROVIDER ASSOCIATION,
29 OR NATIONALLY RECOGNIZED PAIN MANAGEMENT ASSOCIATION, MAY BE CONSIDERED
30 IN IMPLEMENTING THIS SECTION.

31 (B) CURRICULA SHALL INCLUDE, BUT NOT BE LIMITED TO: I-STOP AND DRUG
32 ENFORCEMENT ADMINISTRATION REQUIREMENTS FOR PRESCRIBING CONTROLLED
33 SUBSTANCES; PAIN MANAGEMENT; APPROPRIATE PRESCRIBING; MANAGING ACUTE
34 PAIN; PALLIATIVE MEDICINE; PREVENTION, SCREENING AND SIGNS OF ADDICTION;
35 RESPONSES TO ABUSE AND ADDICTION; AND END OF LIFE CARE.

36 (C) THE COMMISSIONER SHALL PROVIDE AN EXEMPTION FROM THIS REQUIREMENT
37 TO ANYONE WHO REQUESTS SUCH AN EXEMPTION AND WHO DEMONSTRATES TO THE
38 COMMISSIONER'S SATISFACTION THAT:

39 (I) THERE WOULD BE NO NEED FOR HIM OR HER TO COMPLETE SUCH COURSE WORK
40 OR TRAINING BECAUSE OF THE NATURE, AREA OR SPECIALTY OF HIS OR HER PRAC-
41 TICE; OR

42 (II) HE OR SHE HAS COMPLETED COURSE WORK OR TRAINING DEEMED BY THE
43 COMMISSIONER TO BE EQUIVALENT TO THE STANDARDS FOR COURSE WORK OR TRAIN-
44 ING APPROVED UNDER THIS SECTION.

45 (D) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
46 TION AND STAKEHOLDERS SHALL REPORT TO THE TEMPORARY PRESIDENT OF THE
47 SENATE, THE SPEAKER OF THE ASSEMBLY AND THE CHAIRS OF THE HEALTH AND
48 HIGHER EDUCATION COMMITTEES NO LATER THAN THREE YEARS AFTER THE EFFEC-
49 TIVE DATE OF THIS SUBDIVISION ON THE SUCCESS AND IMPACT OF THIS SECTION
50 AND ANY RECOMMENDATIONS.

51 4. Establish a work group, no later than June first, two thousand
52 twelve, which shall be composed of experts in the fields of palliative
53 and chronic care pain management and addiction medicine. Members of the
54 work group shall receive no compensation for their services, but shall
55 be allowed actual and necessary expenses in the performance of their
56 duties pursuant to this section. The work group shall:

1 [(i)] (A) Report to the commissioner regarding the development of
2 recommendations and model courses for continuing medical education,
3 refresher courses and other training materials for licensed health care
4 professionals on appropriate use of prescription pain medication. Such
5 recommendations, model courses and other training materials shall be
6 submitted to the commissioner, who shall make such information available
7 for the use in medical education, residency programs, fellowship
8 programs, and for use in continuing medication education programs no
9 later than January first, two thousand thirteen. Such recommendations
10 also shall include recommendations on: [(A)] (I) educational and contin-
11 uing medical education requirements for practitioners appropriate to
12 address prescription pain medication awareness among health care profes-
13 sionals; [(B)] (II) continuing education requirements for pharmacists
14 related to prescription pain medication awareness; and [(C)] (III)
15 continuing education in palliative care as it relates to pain manage-
16 ment, for which purpose the work group shall consult the New York state
17 palliative care education and training council;

18 [(ii)] (B) No later than January first, two thousand thirteen, provide
19 outreach and assistance to health care professional organizations to
20 encourage and facilitate continuing medical education training programs
21 for their members regarding appropriate prescribing practices for the
22 best patient care and the risks associated with overprescribing and
23 underprescribing pain medication;

24 [(iii)] (C) Provide information to the commissioner for use in the
25 development and continued update of the public awareness campaign,
26 including information, resources, and active web links that should be
27 included on the website; and

28 [(iv)] (D) Consider other issues deemed relevant by the commissioner,
29 including how to protect and promote the access of patients with a
30 legitimate need for controlled substances, particularly medications
31 needed for pain management by oncology patients, and whether and how to
32 encourage or require the use or substitution of opioid drugs that employ
33 tamper-resistance technology as a mechanism for reducing abuse and
34 diversion of opioid drugs.

35 [3.] 5. On or before September first, two thousand twelve, the commis-
36 sioner, in consultation with the commissioner of the office of alcohol-
37 ism and substance abuse services, the commissioner of education, and the
38 executive secretary of the state board of pharmacy, shall add to the
39 workgroup such additional members as appropriate so that the workgroup
40 may provide guidance in furtherance of the implementation of the I-STOP
41 act. For such purposes, the workgroup shall include but not be limited
42 to consumer advisory organizations, health care practitioners and
43 providers, oncologists, addiction treatment providers, practitioners
44 with experience in pain management, pharmacists and pharmacies, and
45 representatives of law enforcement agencies.

46 [4.] 6. The commissioner shall report to the governor, the temporary
47 president of the senate and the speaker of the assembly no later than
48 March first, two thousand thirteen, and annually thereafter, on the work
49 group's findings. The report shall include information on opioid over-
50 dose deaths, emergency room utilization for the treatment of opioid
51 overdose, the utilization of pre-hospital addiction services and recom-
52 mendations to reduce opioid addiction and the consequences thereof. The
53 report shall also include a recommendation as to whether subdivision two
54 of section thirty-three hundred forty-three-a of this article should be
55 amended to require practitioners prescribing or dispensing certain iden-

1 tified schedule V controlled substances to comply with the consultation
2 requirements of such subdivision.
3 S 2. This act shall take effect one year after it shall have become a
4 law and shall expire and be deemed repealed 4 years after such date.
5 Provided, however, that effective immediately, the addition, amendment
6 and/or repeal of any rule or regulation necessary for the implementation
7 of this act on its effective date is authorized and directed to be made
8 and completed on or before such effective date.