AN ACT to amend the public health law, in relation to enacting the internet system for tracking over-prescribing (I-STOP) act and creating a prescription monitoring program registry (Part A); to amend the public health law and the education law, in relation to prescription drug forms, electronic prescribing and language assistance; and to repeal section 21 of the public health law, relating thereto (Part B); to amend the public health law and the penal law, in relation to schedules of controlled substances; and to repeal certain provisions of the public health law relating thereto (Part C); to amend the public health law, in relation to continuing education for practitioners and pharmacists in prescription pain medication awareness and the duties of the prescription pain management awareness workgroup (Part D); and to amend the public health law, in relation to the safe disposal of controlled substances (Part E)

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

1 Section 1. Legislative findings and intent. The legislature finds that prescription drugs, particularly controlled substances, are increasingly subject to criminal diversion and abuse, which can result in addiction, adverse drug events, accidental death due to overdose, violent or self-injurious behavior, family conflicts, and increased costs to businesses and the health care system.

The legislature further finds that such diversion and abuse will be mitigated by: establishing a prescription monitoring program registry containing data about controlled substances dispensed to individuals, reported on a real time basis; requiring health care practitioners and permitting pharmacists to access such registry before prescribing or dispensing additional such substances; and requiring that prescriptions be transmitted electronically from practitioners to pharmacists. Therefore, the legislature finds it appropriate and necessary to establish a

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.
prescription monitoring program registry that is designed to utilize
real time data, integrate electronic prescribing, combat overprescribing
and doctor-shopping, and curtail abuse and illegal diversion without
compromising access to controlled substances for legitimate health care
purposes. The legislature further finds that these objectives will be
promoted by updating the state's schedules of controlled substances,
establishing a program for the safe disposal of controlled substances by
consumers, and enhancing opportunities to promote education about
controlled substances for the public and practitioners.

S 2. This act enacts into law major components of legislation which
are necessary to implement fundamental changes to the way controlled
substances are prescribed, dispensed and monitored in this state. Each
component is wholly contained within a Part identified as Parts A
through E. The effective date of each particular provision contained
within such Part is set forth in the last section of such Part. Any
provision in any section contained within a Part, including the effec-
tive date of the Part, which makes reference to a section "of this act",
when used in connection with that particular component, shall be deemed
to mean and refer to the corresponding section of the Part in which it
is found. Section four of this act sets forth the general effective date
of this act.

PART A

Section 1. This act shall be known and may be cited as the "Internet
System for Tracking Over-Prescribing (I-STOP) Act".

S 2. The public health law is amended by adding a new section 3343-a
to read as follows:

S 3343-A. PRESCRIPTION MONITORING PROGRAM REGISTRY. 1. ESTABLISHMENT
OF SYSTEM. (A) THE COMMISSIONER SHALL, IN ACCORDANCE WITH THE PROVISIONS
OF THIS SECTION, ESTABLISH AND MAINTAIN AN ELECTRONIC SYSTEM FOR
COLLECTING, MONITORING AND REPORTING INFORMATION CONCERNING THE
PRESCRIBING AND DISPENSING OF CONTROLLED SUBSTANCES, TO BE KNOWN AS THE
PRESCRIPTION MONITORING PROGRAM REGISTRY. THE REGISTRY SHALL INCLUDE
INFORMATION REPORTED BY PHARMACIES ON A REAL TIME BASIS, AS SET FORTH IN
SUBDIVISION FOUR OF SECTION THIRTY-THREE HUNDRED THIRTY-THREE OF THIS
ARTICLE.

(B) THE REGISTRY SHALL INCLUDE, FOR EACH PERSON TO WHOM A PRESCRIPTION
FOR CONTROLLED SUBSTANCES HAS BEEN DISPENSED, ALL PATIENT-SPECIFIC
INFORMATION COVERING SUCH PERIOD OF TIME AS IS DEEMED APPROPRIATE AND
FEASIBLE BY THE COMMISSIONER, BUT NO LESS THAN SIX MONTHS AND NO MORE
THAN FIVE YEARS. SUCH PATIENT-SPECIFIC INFORMATION SHALL BE OBTAINED
FROM THE PRESCRIPTION INFORMATION REPORTED BY PHARMACIES PURSUANT TO
SUBDIVISION FOUR OF SECTION THIRTY-THREE HUNDRED THIRTY-THREE OF THIS
ARTICLE AND BY PRACTITIONERS WHO DISPENSE PURSUANT TO SUBDIVISION SIX OF
SECTION THIRTY-THREE HUNDRED THIRTY-ONE OF THIS ARTICLE, AND SHALL BE
PROCESSED AND INCLUDED IN THE REGISTRY BY THE DEPARTMENT WITHOUT UNDUE
DELAY. FOR PURPOSES OF THIS ARTICLE, "PATIENT-SPECIFIC INFORMATION"
MEANS INFORMATION PERTAINING TO INDIVIDUAL PATIENTS INCLUDED IN THE
REGISTRY, WHICH SHALL INCLUDE THE FOLLOWING INFORMATION AND SUCH OTHER
INFORMATION AS IS REQUIRED BY THE DEPARTMENT IN REGULATION:

(I) THE PATIENT'S NAME;
(II) THE PATIENT'S RESIDENTIAL ADDRESS;
(III) THE PATIENT'S DATE OF BIRTH;
(IV) THE PATIENT'S GENDER;
(V) THE DATE ON WHICH THE PRESCRIPTION WAS ISSUED;
1. (VI) THE DATE ON WHICH THE CONTROLLED SUBSTANCE WAS DISPENSED;
2. (VII) THE METRIC QUANTITY OF THE CONTROLLED SUBSTANCE DISPENSED;
3. (VIII) THE NUMBER OF DAYS SUPPLY OF THE CONTROLLED SUBSTANCE DISPENSED;
4. (IX) THE NAME OF THE PRESCRIBER;
5. (X) THE PRESCRIBER’S IDENTIFICATION NUMBER, AS ASSIGNED BY THE DRUG ENFORCEMENT ADMINISTRATION;
6. (XI) THE NAME OR IDENTIFIER OF THE DRUG THAT WAS DISPENSED; AND
7. (XII) THE PAYMENT METHOD.

(C) THE REGISTRY SHALL BE SECURE, EASILY ACCESSIBLE BY PRACTITIONERS AND PHARMACISTS, AND COMPATIBLE WITH THE ELECTRONIC TRANSMISSION OF PRESCRIPTIONS FOR CONTROLLED SUBSTANCES, AS REQUIRED BY SECTION TWO HUNDRED EIGHTY-ONE OF THIS CHAPTER, AND SECTION SIXTY-EIGHT HUNDRED TEN OF THE EDUCATION LAW, AND ANY REGULATIONS PROMULGATED PURSUANT THERETO. TO THE EXTENT PRACTICABLE, IMPLEMENTATION OF THE ELECTRONIC TRANSMISSION OF PRESCRIPTIONS FOR CONTROLLED SUBSTANCES SHALL SERVE TO STREAMLINE CONSULTATION OF THE REGISTRY BY PRACTITIONERS AND REPORTING OF PRESCRIPTION INFORMATION BY PHARMACISTS. THE REGISTRY SHALL BE INTEROPERABLE WITH OTHER SIMILAR REGISTRIES OPERATED BY FEDERAL OR STATE GOVERNMENTS, TO THE EXTENT DEEMED APPROPRIATE BY THE COMMISSIONER, AND SUBJECT TO THE PROVISIONS OF SECTION THIRTY-THREE HUNDRED SEVENTY-ONE-A OF THIS ARTICLE.

(D) THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT SUCH PROTOCOLS AS ARE REASONABLY NECESSARY TO ENSURE THAT INFORMATION CONTAINED IN THE REGISTRY IS MAINTAINED IN A SECURE AND CONFIDENTIAL MANNER AND IS ACCESSIBLE ONLY BY PRACTITIONERS, PHARMACISTS OR THEIR DESIGNEES FOR THE PURPOSES ESTABLISHED IN SUBDIVISIONS TWO AND THREE OF THIS SECTION, OR AS OTHERWISE SET FORTH IN SECTIONS THIRTY-THREE HUNDRED SEVENTY-ONE AND THIRTY-THREE HUNDRED SEVENTY-ONE-A OF THIS ARTICLE. SUCH PROTOCOLS SHALL INCLUDE A MECHANISM FOR THE DEPARTMENT TO MONITOR AND RECORD ACCESS TO THE REGISTRY, WHICH SHALL IDENTIFY THE AUTHORIZED INDIVIDUAL ACCESSING AND EACH CONTROLLED SUBSTANCE HISTORY ACCESSED.

2. DUTY TO CONSULT PRESCRIPTION MONITORING PROGRAM REGISTRY; PRACTITIONERS. (A) EVERY PRACTITIONER SHALL CONSULT THE PRESCRIPTION MONITORING PROGRAM REGISTRY PRIOR TO PRESCRIBING OR DISPENSING ANY CONTROLLED SUBSTANCE LISTED ON SCHEDULE II, III OR IV OF SECTION THIRTY-THREE HUNDRED SIX OF THIS ARTICLE, FOR THE PURPOSE OF REVIEWING A PATIENT'S CONTROLLED SUBSTANCE HISTORY AS SET FORTH IN SUCH REGISTRY; PROVIDED, HOWEVER, THAT NOTHING IN THIS SECTION SHALL PRECLUDE AN AUTHORIZED PRACTITIONER, OTHER THAN A VETERINARIAN, FROM CONSULTING THE REGISTRY AT HIS OR HER OPTION PRIOR TO PRESCRIBING OR DISPENSING ANY CONTROLLED SUBSTANCE. THE DUTY TO CONSULT THE REGISTRY SHALL NOT APPLY TO:

(I) VETERINARIANS;

(II) A PRACTITIONER DISPENSING PURSUANT TO SUBDIVISION THREE OF SECTION THIRTY-THREE HUNDRED FIFTY-ONE OF THIS ARTICLE;

(III) A PRACTITIONER ADMINISTERING A CONTROLLED SUBSTANCE;

(IV) A PRACTITIONER PRESCRIBING OR ORDERING A CONTROLLED SUBSTANCE FOR USE ON THE PREMISES OF AN INSTITUTIONAL DISPENSER PURSUANT TO SECTION THIRTY-THREE HUNDRED FORTY-TWO OF THIS TITLE;

(V) A PRACTITIONER PRESCRIBING A CONTROLLED SUBSTANCE IN THE EMERGENCY DEPARTMENT OF A GENERAL HOSPITAL, PROVIDED THAT THE QUANTITY OF CONTROLLED SUBSTANCE PRESCRIBED DOES NOT EXCEED A FIVE DAY SUPPLY IF THE CONTROLLED SUBSTANCE WERE USED IN ACCORDANCE WITH THE DIRECTIONS FOR USE;
1. Authority to Consult Prescription Monitoring Program Registry; Pharmacists. (A) A pharmacist may consult the prescription monitoring program registry in order to review the controlled substance history of

3. Authority to Consult Prescription Monitoring Program Registry; Pharmacists. (A) A pharmacist may consult the prescription monitoring program registry in order to review the controlled substance history of

3. Authority to Consult Prescription Monitoring Program Registry; Pharmacists. (A) A pharmacist may consult the prescription monitoring program registry in order to review the controlled substance history of
1. AN INDIVIDUAL FOR WHOM ONE OR MORE PRESCRIPTIONS FOR CONTROLLED
2. SUBSTANCES IS PRESENTED TO SUCH PHARMACIST.
3. (B) FOR PURPOSES OF THIS SECTION, A PHARMACIST MAY DESIGNATE ANOTHER
4. PHARMACIST, A PHARMACY INTERN, AS DEFINED BY SECTION SIXTY-EIGHT HUNDRED
5. SIX OF THE EDUCATION LAW, OR OTHER INDIVIDUAL AS MAY BE PERMITTED BY THE
6. COMMISSIONER IN REGULATION, TO CONSULT THE PRESCRIPTION MONITORING
7. PROGRAM REGISTRY ON THE PHARMACIST'S BEHALF, PROVIDED THAT SUCH DESIGNEE
8. IS EMPLOYED BY THE SAME PHARMACY OR IS UNDER CONTRACT WITH SUCH PHARMA-
9. CY. THE COMMISSIONER SHALL ESTABLISH IN REGULATION REASONABLE PARAME-
10. TERS WITH REGARD TO A PHARMACIST'S ABILITY TO AUTHORIZE DESIGNEES PURSU-
11. ANT TO THIS SECTION, WHICH SHALL INCLUDE PROCESSES NECESSARY TO ALLOW
12. THE DEPARTMENT TO: (A) GRANT ACCESS TO THE REGISTRY IN A REASONABLY
13. PROMPT MANNER TO AS MANY DESIGNEES AS ARE AUTHORIZED BY PHARMACISTS, UP
14. TO THE NUMBER DEEMED APPROPRIATE BY THE COMMISSIONER FOR PARTICULAR
15. PHARMACIES, TAKING INTO ACCOUNT THE NEED TO MAINTAIN SECURIT Y OF THE
16. REGISTRY AND THE PATIENT-SPECIFIC INFORMATION MAINTAINED THEREIN, AND
17. THE OBJECTIVE OF MINIMIZING BURDENS TO PHARMACISTS TO THE EXTENT PRACTI-
18. CABLE; (B) REQUIRE THAT PHARMACISTS NOTIFY THE DEPARTMENT UPON TERMINAT-
19.ING THE AUTHORIZATION OF ANY DESIGNEE; AND (C) ESTABLISH A MECHANISM TO
20. PREVENT SUCH TERMINATED DESIGNEES FROM ACCESSING THE REGISTRY IN A
21. REASONABLY PROMPT MANNER FOLLOWING SUCH NOTIFICATION.

4. IMMUNITY. NO PRACTITIONER OR PHARMACIST, AND NO PERSON ACTING ON
22. BEHALF OF SUCH PRACTITIONER OR PHARMACIST AS PERMITTED UNDER THIS
23. SECTION, ACTING WITH REASONABLE CARE AND IN GOOD FAITH SHALL BE SUBJECT
24. TO CIVIL LIABILITY ARISING FROM ANY FALSE, INCOMPLETE OR INACCURATE
25. INFORMATION SUBMITTED TO OR REPORTED BY THE REGISTRY OR FOR ANY RESULT-
26.ING FAILURE OF THE SYSTEM TO ACCURATELY OR TIMELY REPORT SUCH INFORMA-
27.TION; PROVIDED, HOWEVER, THAT NOTHING IN THIS SUBDIVISION SHALL BE
28. DEEMED TO ALTER THE OBLIGATION TO SUBMIT OR REPORT PRESCRIPTION INFORMA-
29.TION TO THE DEPARTMENT AS OTHERWISE SET FORTH IN THIS ARTICLE OR IN
30. REGULATIONS PROMULGATED PURSUANT THERETO.

5. GUIDANCE TO PRACTITIONERS AND PHARMACISTS. THE COMMISSIONER SHALL,
31. IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION, PROVIDE GUIDANCE TO
32. PRACTITIONERS, PHARMACISTS, AND PHARMACIES REGARDING THE PURPOSES AND
33. USES OF THE REGISTRY ESTABLISHED BY THIS SECTION AND THE MEANS BY WHICH
34. PRACTITIONERS AND PHARMACISTS CAN ACCESS THE REGISTRY. SUCH GUIDANCE
35. SHALL REFERENCE EDUCATIONAL INFORMATION AVAILABLE PURSUANT TO THE
36. PRESCRIPTION PAIN MEDICATION AWARENESS PROGRAM ESTABLISHED PURSUANT TO
37. SECTION THIRTY-THREE HUNDRED NINE-A OF THIS ARTICLE.

6. INDIVIDUAL ACCESS TO CONTROLLED SUBSTANCE HISTORIES. THE COMMI-
38.SSIONER SHALL ESTABLISH PROCEDURES BY WHICH AN INDIVIDUAL MAY: (A)
39. REQUEST AND OBTAIN HIS OR HER OWN CONTROLLED SUBSTANCES HISTORY CONSIST-
40.ING OF PATIENT-SPECIFIC INFORMATION OR, IN APPROPRIATE CIRCUMSTANCES,
41. THAT OF A PATIENT WHO LACKS CAPACITY TO MAKE HEALTH CARE DECISIONS AND
42. FOR WHOM THE INDIVIDUAL HAS LEGAL AUTHORITY TO MAKE SUCH DECISIONS AND
43. WOULD HAVE LEGAL ACCESS TO THE PATIENT'S HEALTH CARE RECORDS; OR (B)
44. SEEK REVIEW OF ANY PART OF HIS OR HER CONTROLLED SUBSTANCES HISTORY OR,
45. IN APPROPRIATE CIRCUMSTANCES, THAT OF A PATIENT WHO LACKS CAPACITY TO
46. MAKE HEALTH CARE DECISIONS AND FOR WHOM THE INDIVIDUAL HAS LEGAL AUTHOR-
47.ITY TO MAKE SUCH DECISIONS AND WOULD HAVE LEGAL ACCESS TO THE PATIENT'S
48. HEALTH CARE RECORDS, THAT SUCH INDIVIDUAL DISPUTES. SUCH PROCEDURES
49. SHALL REQUIRE THE DEPARTMENT TO PROMPTLY REVISE ANY INFORMATION ACCESSI-
50.BLE THROUGH THE REGISTRY THAT THE DEPARTMENT DETERMINES TO BE INACCU-
51.RATE. SUCH PROCEDURES SHALL BE DESCRIBED ON THE DEPARTMENT'S WEBSITE AND
52. INCLUDED WITH THE CONTROLLED SUBSTANCES HISTORY PROVIDED TO AN INDIVID-
53.UAL PURSUANT TO A REQUEST MADE UNDER THIS SUBDIVISION OR UNDER SUBPARA-
1. GRAPH (IV) OF PARAGRAPH (A) OF SUBDIVISION TWO OF SECTION THIRTY-THREE
2. HUNDRED SEVENTY-ONE OF THIS ARTICLE.

7. DEPARTMENT ANALYSIS OF DATA. THE DEPARTMENT SHALL PERIODICALLY
8. ANALYZE DATA CONTAINED IN THE PRESCRIPTION MONITORING PROGRAM REGISTRY
9. TO IDENTIFY INFORMATION THAT INDICATES THAT A VIOLATION OF LAW OR BREACH
10. OF PROFESSIONAL STANDARDS MAY HAVE OCCURRED AND, AS WARRANTED, PROVIDE
11. ANY RELEVANT INFORMATION TO APPROPRIATE ENTITIES AS PERMITTED UNDER
12. SECTION THIRTY-THREE HUNDRED SEVENTY-ONE OF THIS ARTICLE. THE DEPART-
13. MENT SHALL KEEP A RECORD OF THE INFORMATION PROVIDED, INCLUDING, BUT NOT
14. LIMITED TO, THE SPECIFIC INFORMATION PROVIDED AND THE AGENCY TO WHICH
15. SUCH INFORMATION WAS PROVIDED, INCLUDING THE NAME AND TITLE OF THE
16. PERSON TO WHOM SUCH INFORMATION WAS PROVIDED AND AN ATTESTATION FROM
17. SUCH PERSON THAT HE OR SHE HAS AUTHORITY TO RECEIVE SUCH INFORMATION.

8. FUNDING THE PRESCRIPTION MONITORING PROGRAM REGISTRY. (A) THE
9. COMMISSIONER SHALL MAKE REASONABLE EFFORTS TO APPLY FOR MONIES AVAILABLE
10. FROM THE FEDERAL GOVERNMENT AND OTHER INSTITUTIONS, TO THE EXTENT DEEMED
11. APPROPRIATE BY THE COMMISSIONER, AND USE ANY MONIES SO OBTAINED TO
12. SUPPLEMENT ANY OTHER MONIES MADE AVAILABLE FOR THE PURPOSES OF THIS
13. TITLE.

(B) OPERATION OF THE REGISTRY ESTABLISHED BY THIS SECTION SHALL NOT BE
14. FUNDED, IN WHOLE OR IN PART, BY FEES IMPOSED SPECIFICALLY FOR SUCH
15. PURPOSES UPON PRACTITIONERS, PHARMACISTS, DESIGNEES OR PATIENTS SUBJECT
16. TO THIS SECTION.

9. RULES AND REGULATIONS. THE COMMISSIONER SHALL PROMULGATE SUCH RULES
10. AND REGULATIONS AS ARE NECESSARY TO EFFECTUATE THE PROVISIONS OF THIS
11. SECTION, IN CONSULTATION WITH THE WORK GROUP ESTABLISHED PURSUANT TO
12. SUBDIVISION THREE OF SECTION THIRTY-THREE HUNDRED NINE-A OF THIS ARTI-
13. CLE.

S 3. Subdivision 4 of section 3333 of the public health law, as
1. amended by chapter 178 of the laws of 2010, is amended to read as
2. follows:

4. The endorsed original prescription shall be retained by the propri-
5. etor of the pharmacy for a period of five years. The proprietor of the
6. pharmacy shall file OR CAUSE TO BE FILED such prescription information
7. with the department by electronic means [in such manner and detail] ON A
8. REAL TIME BASIS as the commissioner in consultation with the commissio-
9. ner of education shall, by regulation, require; PROVIDED, HOWEVER, THAT
10. THE COMMISSIONER MAY, PURSUANT TO A PROCESS ESTABLISHED IN REGULATION,
11. GRANT A WAIVER ALLOWING A PHARMACY TO MAKE SUCH FILINGS WITHIN A LONGER
12. PERIOD OF TIME IF AND TO THE EXTENT THAT THE COMMISSIONER FINDS IT
13. WARRANTED, IN HIS OR HER DISCRETION, DUE TO ECONOMIC HARDSHIP, TECHNO-
14. LOGICAL LIMITATIONS THAT ARE NOT REASONABLY WITHIN THE CONTROL OF THE
15. PHARMACY, OR OTHER EXCEPTIONAL CIRCUMSTANCE DEMONSTRATED BY THE
16. PHARMACY; AND PROVIDED, FURTHER, HOWEVER, THAT SUCH REGULATIONS SHALL
17. SPECIFY THE MANNER IN WHICH SUCH REQUIREMENTS SHALL APPLY TO THE DELIV-
18. ERY OF CONTROLLED SUBSTANCES TO INDIVIDUALS IN THIS STATE BY MEANS OF
19. MAIL OR LICENSED EXPRESS DELIVERY SERVICES.

S 4. Paragraphs (d) and (e) of subdivision 1 of section 3371 of the
1. public health law, as amended by chapter 178 of the laws of 2010, are
2. amended and five new paragraphs (f), (g), (h), (i) and (j) are added to
3. read as follows:

(d) to [a central] THE PRESCRIPTION MONITORING PROGRAM registry
4. [established pursuant to this article; and] AND TO AUTHORIZED USERS OF
5. SUCH REGISTRY AS SET FORTH IN SUBDIVISION TWO OF THIS SECTION;
6. (e) to a practitioner to inform him or her that a patient may be under
7. treatment with a controlled substance by another practitioner[.] FOR THE
PURPOSES OF SUBDIVISION TWO OF THIS SECTION, AND TO FACILITATE THE DEPARTMENT'S REVIEW OF INDIVIDUAL CHALLENGES TO THE ACCURACY OF CONTROLLED SUBSTANCES HISTORIES PURSUANT TO SUBDIVISION SIX OF SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE;

(F) TO A PHARMACIST TO PROVIDE INFORMATION REGARDING PRESCRIPTIONS FOR CONTROLLED SUBSTANCES PRESENTED TO THE PHARMACIST FOR THE PURPOSES OF SUBDIVISION TWO OF THIS SECTION AND TO FACILITATE THE DEPARTMENT'S REVIEW OF INDIVIDUAL CHALLENGES TO THE ACCURACY OF CONTROLLED SUBSTANCES HISTORIES PURSUANT TO SUBDIVISION SIX OF SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE;

(G) TO THE DEPUTY ATTORNEY GENERAL FOR MEDICAID FRAUD CONTROL, OR HIS OR HER DESIGNEE, IN FURTHERANCE OF AN INVESTIGATION OF FRAUD, WASTE OR ABUSE OF THE MEDICAID PROGRAM, PURSUANT TO AN AGREEMENT WITH THE DEPARTMENT;

(H) TO A LOCAL HEALTH DEPARTMENT FOR THE PURPOSE OF CONDUCTING PUBLIC HEALTH RESEARCH OR EDUCATION: (I) PURSUANT TO AN AGREEMENT WITH THE COMMISSIONER; (II) WHEN THE RELEASE OF SUCH INFORMATION IS DEEMED APPROPRIATE BY THE COMMISSIONER; (III) FOR USE IN ACCORDANCE WITH MEASURES REQUIRED BY THE COMMISSIONER TO ENSURE THAT THE SECURITY AND CONFIDENTIALITY OF THE DATA IS PROTECTED; AND (IV) PROVIDED THAT DISCLOSURE IS ENGAGED IN THE RESEARCH OR EDUCATION;

(I) TO A MEDICAL EXAMINER OR CORONER WHO IS AN OFFICER OF OR EMPLOYED BY A STATE OR LOCAL GOVERNMENT, PURSUANT TO HIS OR HER OFFICIAL DUTIES; AND

(J) TO AN INDIVIDUAL FOR THE PURPOSE OF PROVIDING SUCH INDIVIDUAL WITH HIS OR HER OWN CONTROLLED SUBSTANCE HISTORY OR, IN APPROPRIATE CIRCUMSTANCES, IN THE CASE OF A PATIENT WHO LACKS CAPACITY TO MAKE HEALTH CARE DECISIONS, A PERSON WHO HAS LEGAL AUTHORITY TO MAKE SUCH DECISIONS FOR THE PATIENT AND WHO WOULD HAVE LEGAL ACCESS TO THE PATIENT'S HEALTH CARE RECORDS, IF REQUESTED FROM THE DEPARTMENT PURSUANT TO SUBDIVISION SIX OF SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE OR FROM A TREATING PRACTITIONER PURSUANT TO SUBPARAGRAPH (IV) OF PARAGRAPH (A) OF SUBDIVISION TWO OF THIS SECTION.

S 5. Subdivision 2 of section 3371 of the public health law is renumbered subdivision 4 and two new subdivisions 2 and 3 are added to read as follows:

2. THE PRESCRIPTION MONITORING PROGRAM REGISTRY MAY BE ACCESSED, UNDER SUCH TERMS AND CONDITIONS AS ARE ESTABLISHED BY THE DEPARTMENT FOR PURPOSES OF MAINTAINING THE SECURITY AND CONFIDENTIALITY OF THE INFORMATION CONTAINED IN THE REGISTRY, BY:

(A) A PRACTITIONER, OR A DESIGNEE AUTHORIZED BY SUCH PRACTITIONER PURSUANT TO PARAGRAPH (B) OF SUBDIVISION TWO OF SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE, FOR THE PURPOSES OF: (I) INFORMING THE PRACTITIONER THAT A PATIENT MAY BE UNDER TREATMENT WITH A CONTROLLED SUBSTANCE BY ANOTHER PRACTITIONER; (II) PROVIDING THE PRACTITIONER WITH NOTIFICATIONS OF CONTROLLED SUBSTANCE ACTIVITY AS DEEMED RELEVANT BY THE DEPARTMENT, INCLUDING BUT NOT LIMITED TO A NOTIFICATION MADE AVAILABLE ON A MONTHLY OR OTHER PERIODIC BASIS THROUGH THE REGISTRY OF CONTROLLED SUBSTANCES ACTIVITY PERTAINING TO HIS OR HER PATIENT; (III) ALLOWING THE PRACTITIONER, THROUGH CONSULTATION OF THE PRESCRIPTION MONITORING PROGRAM REGISTRY, TO REVIEW HIS OR HER PATIENT'S CONTROLLED SUBSTANCES HISTORY AS REQUIRED BY SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE; AND (IV) PROVIDING TO HIS OR HER PATIENT, OR PERSON AUTHORIZED PURSUANT TO PARAGRAPH (J) OF SUBDIVISION ONE OF THIS SECTION, UPON REQUEST, A COPY OF SUCH PATIENT'S CONTROLLED
1 SUBSTANCE HISTORY AS IS AVAILABLE TO THE PRACTITIONER THROUGH THE
2 PRESCRIPTION MONITORING PROGRAM REGISTRY; OR
3 (B) A PHARMACIST, PHARMACY INTERN OR OTHER DESIGNEE AUTHORIZED BY THE
4 PHARMACIST PURSUANT TO PARAGRAPH (B) OF SUBDIVISION THREE OF SECTION
5 THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE, FOR THE PURPOSES OF:
6 (I) CONSULTING THE PRESCRIPTION MONITORING PROGRAM REGISTRY TO REVIEW
7 THE CONTROLLED SUBSTANCES HISTORY OF AN INDIVIDUAL FOR WHOM ONE OR MORE
8 PRESCRIPTIONS FOR CONTROLLED SUBSTANCES IS PRESENTED TO THE PHARMACIST,
9 PURSUANT TO SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE;
10 AND (II) RECEIVING FROM THE DEPARTMENT SUCH NOTIFICATIONS OF CONTROLLED
11 SUBSTANCE ACTIVITY AS ARE MADE AVAILABLE BY THE DEPARTMENT.
12 3. WHERE IT HAS REASON TO BELIEVE THAT A CRIME RELATED TO THE DIVER-
13 SION OF CONTROLLED SUBSTANCES HAS BEEN COMMITTED, THE DEPARTMENT MAY
14 NOTIFY APPROPRIATE LAW ENFORCEMENT AGENCIES AND PROVIDE RELEVANT INFOR-
15 MATION ABOUT THE SUSPECTED CRIMINAL ACTIVITY, INCLUDING CONTROLLED
16 SUBSTANCES PRESCRIBED OR DISPENSED, AS REASONABLY APPEARS TO BE NECES-
17 SARY. THE DEPARTMENT SHALL KEEP A RECORD OF THE INFORMATION PROVIDED,
18 INCLUDING, BUT NOT LIMITED TO: THE SPECIFIC INFORMATION PROVIDED AND THE
19 AGENCY TO WHICH SUCH INFORMATION WAS PROVIDED, INCLUDING THE NAME AND
20 TITLE OF THE PERSON TO WHOM SUCH INFORMATION WAS PROVIDED AND AN ATTES-
21 TATION FROM SUCH PERSON THAT HE OR SHE HAS AUTHORITY TO RECEIVE SUCH
22 INFORMATION.
23 6. Section 3302 of the public health law is amended by adding a new
24 subdivision 41 to read as follows:
25 41. "REGISTRY" OR "PRESCRIPTION MONITORING PROGRAM REGISTRY" MEANS THE
26 PRESCRIPTION MONITORING PROGRAM REGISTRY ESTABLISHED PURSUANT TO SECTION
27 THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE.
28 7. This act shall take effect one year after it shall have become a
29 law; provided, however, that:
30 (a) the commissioners of health and education are authorized to add,
31 amend or repeal any rule or regulation necessary and take other action
32 necessary for the implementation of such provisions on such effective
33 date;
34 (b) prior to such effective date, to the extent practicable, the
35 department of health shall authorize practitioners, pharmacists and
36 designees to access the prescription monitoring registry as set forth in
37 this act and shall permit such access prior to such effective date, to
38 the extent practicable; and
39 (c) nothing in subdivision (b) of this section shall require a practi-
40 tioner to consult the registry prior to the effective date of this act.

PART B

Section 1. Sections 270 through 276 and section 277 of article 2-A of
the public health law are designated title I and a new title heading is
added to read as follows:

PREFERRED DRUG AND CLINICAL DRUG REVIEW PROGRAMS

S 1-a. Sections 276-a and 276-b of article 2-A of the public health law
are renumbered sections 278 and 279, respectively, and such sections
and section 280 of such article are designated title II and a new title
heading is added to read as follows:

PRESCRIPTION DRUGS; VARIOUS PROVISIONS

S 2. Article 2-A of the public health law is amended by adding a new
title III to read as follows:

TITLE III

PRESCRIPTION FORMS, ELECTRONIC PRESCRIBING AND LANGUAGE ASSISTANCE
1 SECTION 281. OFFICIAL NEW YORK STATE PRESCRIPTION FORMS.
2 S 281. OFFICIAL NEW YORK STATE PRESCRIPTION FORMS. 1. IN ADDITION TO
3 THE REQUIREMENTS OF SECTION SIXTY-EIGHT HUNDRED TEN OF THE EDUCATION LAW
4 OR ARTICLE THIRTY-THREE OF THIS CHAPTER, ALL PRESCRIPTIONS WRITTEN IN
5 THIS STATE BY A PERSON AUTHORIZED BY THIS STATE TO ISSUE SUCH
6 PRESCRIPTIONS SHALL BE ON SERIALIZED OFFICIAL NEW YORK STATE
7 PRESCRIPTION FORMS PROVIDED BY THE DEPARTMENT. SUCH FORMS SHALL BE
8 FURNISHED TO PRACTITIONERS AUTHORIZED TO WRITE PRESCRIPTIONS AND TO
9 INSTITUTIONAL DISPENSERS, AND SHALL BE NON-REPRODUCIBLE AND NON-TRANS-
10 FERABLE. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF
11 EDUCATION, MAY PROMULGATE EMERGENCY REGULATIONS FOR THE ELECTRONIC TRAN-
12 SMISSION OF PRESCRIPTIONS FROM PRESCRIBERS TO PHARMACISTS OR FOR ORDER-
13ING AND FILLING REQUIREMENTS OF PRESCRIPTION DRUGS FOR PRESCRIPTIONS
14 WRITTEN FOR RECIPIENTS ELIGIBLE FOR MEDICAL ASSISTANCE PURSUANT TO TITLE
15 ELEVEN OF ARTICLE FIVE OF THE SOCIAL SERVICES LAW, FOR PARTICIPANTS IN
16 THE PROGRAM FOR ELDERLY PHARMACEUTICAL INSURANCE COVERAGE PURSUANT TO
17 TITLE THREE OF ARTICLE TWO OF THE ELDER LAW AND FOR PRESCRIPTIONS WRIT-
18 TEN PURSUANT TO ARTICLE THIRTY-THREE OF THIS CHAPTER. NOTHING IN THIS
19 SECTION SHALL PROHIBIT THE COMMISSIONER IN CONSULTATION WITH THE COMMIS-
20 SIONER OF EDUCATION FROM PROMULGATING ANY ADDITIONAL EMERGENCY REGU-
21 LATIONS IN FURTHERANCE OF THIS SUBDIVISION.
22 2. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
23 TION, SHALL PROMULGATE REGULATIONS REQUIRING THAT PRESCRIPTION FORMS AND
24 ELECTRONIC PRESCRIPTIONS INCLUDE: (A) A SECTION WHEREIN PRESCRIBERS MAY
25 INDICATE WHETHER AN INDIVIDUAL IS LIMITED ENGLISH PROFICIENT, AS DEFINED
26 IN SECTION SIXTY-EIGHT HUNDRED TWENTY-NINE OF THE EDUCATION LAW; AND (B)
27 IF THE PATIENT IS LIMITED ENGLISH PROFICIENT, A LINE WHERE THE PRESCRI-
28 BER MAY SPECIFY THE PREFERRED LANGUAGE INDICATED BY THE PATIENT. FAIL-
29 URE TO INCLUDE SUCH INDICATION ON THE PART OF THE PRESCRIBER SHALL NOT
30 INVALIDATE THE PRESCRIPTION.
31 3. ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND TWELVE, THE
32 COMMISSIONER SHALL PROMULGATE REGULATIONS, IN CONSULTATION WITH THE
33 COMMISSIONER OF EDUCATION, ESTABLISHING STANDARDS FOR ELECTRONIC
34 PRESCRIPTIONS. NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION OR
35 ANY OTHER LAW TO THE CONTRARY, EFFECTIVE TWO YEARS SUBSEQUENT TO THE
36 DATE ON WHICH SUCH REGULATIONS ARE PROMULGATED, NO PERSON SHALL ISSUE
37 ANY PRESCRIPTION IN THIS STATE UNLESS SUCH PRESCRIPTION IS MADE BY ELEC-
38 TRONIC PRESCRIPTION FROM THE PERSON ISSUING THE PRESCRIPTION TO A PHAR-
39 MACY IN ACCORDANCE WITH SUCH REGULATORY STANDARDS, EXCEPT FOR
40 PRESCRIPTIONS: (A) ISSUED BY VETERINARIANS; (B) ISSUED IN CIRCUMSTANCES
41 WHERE ELECTRONIC PRESCRIBING IS NOT AVAILABLE DUE TO TEMPORARY TECHNO-
42 LOGICAL OR ELECTRICAL FAILURE, AS SET FORTH IN REGULATION; (C) ISSUED BY
43 PRACTITIONERS WHO HAVE RECEIVED A WAIVER OR A RENEWAL THEREOF FOR A
44 SPECIFIED PERIOD DETERMINED BY THE COMMISSIONER, NOT TO EXCEED ONE YEAR,
45 FROM THE REQUIREMENT TO USE ELECTRONIC PRESCRIBING, PURSUANT TO A PROC-
46 ESS ESTABLISHED IN REGULATION BY THE COMMISSIONER, IN CONSULTATION WITH
47 THE COMMISSIONER OF EDUCATION, DUE TO ECONOMIC HARDSHIP, TECHNOLOGICAL
48 LIMITATIONS THAT ARE NOT REASONABLY WITHIN THE CONTROL OF THE PRACTI-
49 TIONER, OR OTHER EXCEPTIONAL CIRCUMSTANCE DEMONSTRATED BY THE PRACTI-
50 TIONER; (D) ISSUED BY A PRACTITIONER UNDER CIRCUMSTANCES WHERE, NOTWITH-
51 STANDING THE PRACTITIONER'S PRESENT ABILITY TO MAKE AN ELECTRONIC
52 PRESCRIPTION AS REQUIRED BY THIS SUBDIVISION, SUCH PRACTITIONER REASON-
53 ABLY DETERMINES THAT IT WOULD BE IMPRACTICAL FOR THE PATIENT TO OBTAIN
54 SUBSTANCES PRESCRIBED BY ELECTRONIC PRESCRIPTION IN A TIMELY MANNER, AND
55 SUCH DELAY WOULD ADVERSELY IMPACT THE PATIENT'S MEDICAL CONDITION,
56 PROVIDED THAT IF SUCH PRESCRIPTION IS FOR A CONTROLLED SUBSTANCE, THE
QUANTITY OF CONTROLLED SUBSTANCES DOES NOT EXCEED A FIVE DAY SUPPLY IF
THE CONTROLLED SUBSTANCE WERE USED IN ACCORDANCE WITH THE DIRECTIONS FOR
USE; OR (E) ISSUED BY A PRACTITIONER TO BE DISPENSED BY A PHARMACY
LOCATED OUTSIDE THE STATE, AS SET FORTH IN REGULATION.

4. IN THE CASE OF A PRESCRIPTION FOR A CONTROLLED SUBSTANCE ISSUED BY
A PRACTITIONER UNDER PARAGRAPH (B) OF SUBDIVISION THREE OF THIS SECTION,
THE PRACTITIONER SHALL FILE INFORMATION ABOUT THE ISSUANCE OF SUCH
PRESCRIPTION WITH THE DEPARTMENT AS SOON AS PRACTICABLE, AS SET FORTH IN
REGULATION.

5. IN THE CASE OF A PRESCRIPTION FOR A CONTROLLED SUBSTANCE ISSUED BY
A PRACTITIONER UNDER PARAGRAPH (D) OR (E) OF SUBDIVISION THREE OF THIS
SECTION, THE PRACTITIONER SHALL, UPON ISSUING SUCH PRESCRIPTION, FILE
INFORMATION ABOUT THE ISSUANCE OF SUCH PRESCRIPTION WITH THE DEPARTMENT
BY ELECTRONIC MEANS, AS SET FORTH IN REGULATION.

6. THE WAIVER PROCESS ESTABLISHED IN REGULATION PURSUANT TO PARAGRAPH
(C) OF SUBDIVISION THREE OF THIS SECTION SHALL PROVIDE THAT A PRACTI-
TIONER PRESCRIBING UNDER A WAIVER MUST NOTIFY THE DEPARTMENT IN WRITING
PROMPTLY UPON GAINING THE CAPABILITY TO USE ELECTRONIC PRESCRIBING, AND
THAT A WAIVER SHALL TERMINATE WITHIN A SPECIFIED PERIOD OF TIME AFTER
THE PRACTITIONER GAINS SUCH CAPABILITY.

S 3. Section 6810 of the education law is amended by adding four new
subdivisions 10, 11, 12 and 13 to read as follows:

10. NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION OR ANY OTHER
LAW TO THE CONTRARY, EFFECTIVE TWO YEARS SUBSEQUENT TO THE DATE ON WHICH
REGULATIONS ESTABLISHING STANDARDS FOR ELECTRONIC PRESCRIPTIONS ARE
PROMULGATED BY THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE
COMMISSIONER PURSUANT TO SUBDIVISION THREE OF SECTION TWO HUNDRED EIGHT-
Y-ONE OF THE PUBLIC HEALTH LAW, NO PRACTITIONER SHALL ISSUE ANY
PRESCRIPTION IN THIS STATE, UNLESS SUCH PRESCRIPTION IS MADE BY ELEC-
TRONIC PRESCRIPTION FROM THE PRACTITIONER TO A PHARMACY, EXCEPT FOR
PRESCRIPTIONS: (A) ISSUED BY VETERINARIANS; (B) ISSUED OR DISPENSED IN
CIRCUMSTANCES WHERE ELECTRONIC PRESCRIBING IS NOT AVAILABLE DUE TO
TEMPORARY TECHNOLOGICAL OR ELECTRICAL FAILURE, AS SET FORTH IN REGU-
LATION; (C) ISSUED BY PRACTITIONERS WHO HAVE RECEIVED A WAIVER OR A
RENEWAL THEREOF FOR A SPECIFIED PERIOD DETERMINED BY THE COMMISSIONER OF
HEALTH, NOT TO EXCEED ONE YEAR, FROM THE REQUIREMENT TO USE ELECTRONIC
PRESCRIBING, PURSUANT TO A PROCESS ESTABLISHED IN REGULATION BY THE
COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE COMMISSIONER DUE TO
ECONOMIC HARDSHIP, TECHNOLOGICAL LIMITATIONS THAT ARE NOT REASONABLY
WITHIN THE CONTROL OF THE PRACTITIONER, OR OTHER EXCEPTIONAL CIRCUM-
STANCE DEMONSTRATED BY THE PRACTITIONER; (D) ISSUED BY A PRACTITIONER
UNDER CIRCUMSTANCES WHERE, NOTWITHSTANDING THE PRACTITIONER'S PRESENT
ABILITY TO MAKE AN ELECTRONIC PRESCRIPTION AS REQUIRED BY THIS SUBDIVI-
SION, SUCH PRACTITIONER REASONABLY DETERMINES THAT IT WOULD BE IMPRACTI-
CAL FOR THE PATIENT TO OBTAIN SUBSTANCES PRESCRIBED BY ELECTRONIC
PRESCRIPTION IN A TIMELY MANNER, AND SUCH DELAY WOULD ADVERSELY IMPACT
THE PATIENT'S MEDICAL CONDITION, PROVIDED THAT IF SUCH PRESCRIPTION IS
FOR A CONTROLLED SUBSTANCE, THE QUANTITY THAT DOES NOT EXCEED A FIVE DAY
SUPPLY IF THE CONTROLLED SUBSTANCE WAS USED IN ACCORDANCE WITH THE
DIRECTIONS FOR USE; OR (E) ISSUED BY A PRACTITIONER TO BE DISPENSED BY A
PHARMACY LOCATED OUTSIDE THE STATE, AS SET FORTH IN REGULATION.

11. IN THE CASE OF A PRESCRIPTION ISSUED BY A PRACTITIONER UNDER PARA-
GRAPH (B) OF SUBDIVISION TEN OF THIS SECTION, THE PRACTITIONER SHALL BE
REQUIRED TO FILE INFORMATION ABOUT THE ISSUANCE OF SUCH PRESCRIPTION
WITH THE DEPARTMENT OF HEALTH AS SOON AS PRACTICABLE, AS SET FORTH IN
REGULATION.
12. In the case of a prescription issued by a practitioner under paragraph (d) or (e) of subdivision ten of this section, the practitioner shall, upon issuing such prescription, file information about the issuance of such prescription with the department of health by electronic means, as set forth in regulation.

13. The waiver process established in regulation pursuant to paragraph (c) of subdivision ten of this section shall provide that a practitioner prescribing under a waiver must notify the department in writing promptly upon gaining the capability to use electronic prescribing, and that a waiver shall terminate within a specified period of time after the practitioner gains such capability.

4. Section 21 of the public health law is repealed.

5. This act shall take effect immediately; provided, however, that the provisions of subdivision 2 of section 281 of the public health law, as added by section two of this act, shall take effect March 30, 2013, except that as of such date, the commissioner of health, the commissioner of education and the state board of pharmacy are immediately authorized and directed to take actions necessary to implement such provisions as of such date; provided, further, that any rules or regulations that have been adopted or proposed prior to the effective date of this act which are applicable to section 21 of the public health law shall now apply to section 281 of the public health law as added by section two of this act; and provided, further, that any rules or regulations that have been adopted or proposed prior to the effective date of this act which are applicable to sections 276-a and 276-b of the public health law shall now apply to section 278 and 279 of the public health law, respectively, renumbered by section one-a of this act.

29. Paragraph 1 of subdivision (b) of schedule II of section 3306 of the public health law, as amended by chapter 457 of the laws of 2006, is amended to read as follows:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrophan, nalbuphine, nalmefene, naloxone, and naltrexone, and their respective salts, but including the following:

1. Raw opium.
2. Opium extracts.
3. Opium fluid.
4. Powdered opium.
5. Granulated opium.
6. Tincture of opium.
7. Codeine.
8. Ethylmorphine.
11. Hydromorphone.
12. Metopon.
14. Oxycodone.
15. Oxymorphone.
16. Thebaine.
17. Dihydroetorphine.
18. ORIPAVINE.
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2. Schedule II of section 3306 of the public health law is amended by adding a new subdivision (b-1) to read as follows:

(B-1) UNLESS SPECIFICALLY EXCEPTED OR UNLESS LISTED IN ANOTHER SCHEDULE, ANY MATERIAL, COMPOUND, MIXTURE, OR PREPARATION CONTAINING ANY OF THE FOLLOWING, OR THEIR SALTS CALCULATED AS THE FREE ANHYDROUS BASE OR ALKALOID, IN LIMITED QUANTITIES AS SET FORTH BELOW:

(1) NOT MORE THAN THREE HUNDRED MILLIGRAMS OF DIHYDROCODEINONE (HYDROCODONE) PER ONE HUNDRED MILLILITERS OR NOT MORE THAN FIFTEEN MILLIGRAMS PER DOSAGE UNIT, WITH A FOURFOLD OR GREATER QUANTITY OF AN ISOQUINOLINE ALKALOID OF OPIUM.

(2) NOT MORE THAN THREE HUNDRED MILLIGRAMS OF DIHYDROCODEINONE (HYDROCODONE) PER ONE HUNDRED MILLILITERS OR NOT MORE THAN FIFTEEN MILLIGRAMS PER DOSAGE UNIT, WITH ONE OR MORE ACTIVE NONNARCOTIC INGREDIENTS IN RECOGNIZED THERAPEUTIC AMOUNTS.

3. Section 3307 of the public health law is amended by adding a new subdivision 5 to read as follows:

5. THE COMMISSIONER SHALL ESTABLISH MINIMUM STANDARDS FOR THE STORAGE, REPORTING, ORDERING AND RECORD KEEPING OF CONTROLLED SUBSTANCES SPECIFIED IN SUBDIVISION (B-1) OF SCHEDULE II OF SECTION THIRTY-THREE HUNDRED SIX OF THIS ARTICLE BY MANUFACTURERS AND DISTRIBUTORS AS IF SUCH SUBSTANCES WERE SET FORTH IN SCHEDULE III OF SECTION THIRTY-THREE HUNDRED SIX OF THIS ARTICLE.

4. Paragraph 6 of subdivision (b) of schedule II of section 3306 of the public health law is REPEALED.

5. Subdivision (c) of schedule II of section 3306 of the public health law is amended by adding a new paragraph 28 to read as follows:

(28) TAPENTADOL.

6. Subdivision (d) of schedule II of section 3306 of the public health law, as added by chapter 664 of the laws of 1985, paragraph 5 as added by chapter 178 of the laws of 2010, is amended to read as follows:

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, INCLUDING ITS SALTS, ISOMERS, AND SALTS OF ISOMERS:

(1) Amphetamine[, its salts, optical isomers, and salts of its optical isomers].
(2) Methamphetamine[, its salts, isomers, and salts of its isomers].
(3) Phenmetrazine [and its salts].
(4) Methylphenidate.
(5) Lisdexamfetamine.

7. Subdivision (g) of schedule II of section 3306 of the public health law is amended by adding a new paragraph 3 to read as follows:

(3) IMMEDIATE PRECURSOR TO FENTANYL:
(I) 4-ANILINO-N-PHENETHYL-4-PIPERIDINE (ANPP).

8. Subdivision (h) of schedule II of section 3306 of the public health law, as amended by chapter 178 of the laws of 2010, is amended to read as follows:

(h) Anabolic steroids. Unless specifically excepted or unless listed in another schedule, "anabolic steroid" shall mean any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids and dehydroepiandrosterone) [that promotes muscle growth, or any material, compound, mixture, or preparation which contains any amount of the following substances] AND INCLUDES:

(1) 3{beta}, 17-dihydroxy-5a-androstanolone.
(2) 3{alpha}, 17{beta}-dihydroxy-5a-androstane.
(3) 5{alpha}-androstan-3,17-dione.
(4) 1-androstenediol (3{beta},17{beta}-dihydroxy-5{alpha}-androst-1-ene).
(5) 1-androstenediol (3{alpha},17{beta}-dihydroxy-5{alpha}-androst-1-ene).
(6) 4-androstenediol (3{beta}, 17{beta}-dihydroxy-androst-4-ene).
(7) 5-androstenedione (3{alpha}, 17{beta}-dihydroxy-androst-5-ene).
(8) 1-androstenedione (5{alpha})-androst-1-en-3,17-dione).
(9) 4-androstenedione (androst-4-en-3,17-dione).
(10) 5-androstenedione (androst-5-en-3,17-dione).
(11) Bolasterone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one).
(12) Boldenone (17{beta}-hydroxyandrost-1, 4,-diene-3-one).
(13) BOLDIONE (ANDROSTA-1,4-DIENE-3,17-DIONE).
(14) Calusterone (7{beta}, 17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one).
(15) Clostebol (4-chloro-17{beta}-hydroxyandrost-4-en-3-one).
(16) Dehydrochloromethyltestosterone [(4-chloro-17{beta}-hydroxy-17{alpha}-methyl-androst-1-one) (4-CHLORO-17{BETA}-HYDROXY-17{ALPHA}-METHYL-ANDROST-1, 4-DIEN-3-ONE).
(17) 17{beta}-hydroxy-5{alpha}-androst-1-en-3-one).
(18) 4-dihydrotestosterone (17{beta}-hydroxy-androst-1,4-en-3-one).
(19) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl-5{alpha}-androstan-3-one).
(20) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxyestr-4-en-ene).
(21) Fluoxymesterone (9-fluoro-17{alpha}-methyl-11{beta}, 17{alpha}-[dihydroxandrost]DIHYDROXYANDROST-4-en-3-one).
(22) Formebolone (2-formyl-17{alpha}-methyl-11{beta}, 17{beta}-dihydroxyandrost-1, 4-dien-3-one).
(23) Furazabol (17{alpha}-methyl-17{beta}-hydroxyandrostano{2, 3-c}-furazan).
(24) 13{beta}-ethyl-17{alpha}-hydroxygon-4-en-3-one).
(25) 4-hydroxytestosterone [(4,17{beta}-dihydroxyandrost-4-en-3-one) (4, 17{BETA}-DIHYDROXY-ANDROST-4-EN-3-ONE).
(26) 4-hydroxy-19-nortestosterone (4,17{beta}-dihydroxy-estr-4-en-3-one).
(27) DESOXYMETHYLTESTOSTERONE (17{ALPHA}-METHYL-5{ALPHA}-ANDROST-2-EN-17{BETA}-OL) (A.K.A., MADOL).
(28) Mestanolone (17{alpha}-methyl-17{beta}-hydroxy-5-androstan-3-one).
(29) Mesterolone (1{alpha}[-]methyl-17{beta}-hydroxy-(5{alpha})-androstan-3-one).
(30) Methandienone (17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one).
(31) Methandriol (17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-5-ene).
(32) Methenolone (1-methyl-17{beta}-hydroxy-5{alpha}-androstan-1-en-3-one).
(33) 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5a-androstane.
(34) 17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy-5a-androstane.
(35) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-4-ene.}
[(34)]  (36) 17(alpha)-methyl-4-hydroxynandrolone (17(alpha)-methyl-4-
hydroxy-17(beta)-hydroxyestr-4-en-3-one).
[(35)]  (37) Methyldienolone (17(alpha)-methyl-17(beta)-hydroxyestra-
4,9(10)-dien-3-one).
[(36)]  (38) Methyltrienolone
(17(alpha)-methyl-17(beta)-hydroxyestra-4, 9-11-trien-3-one).
[(37)]  (39) Methyltestosterone
(17(alpha)-methyl-17(beta)-hydroxyandrosta-4-en-3-one).
[(38)]  (40) Mibolerone
(7(alpha),17(alpha)-dimethyl-17(beta)-hydroxyestr-4-en-3-one).
[(39)]  (41) 17(alpha)-methyl-({Delta} 1)-dihydrotestosterone
(17b(beta)-hydroxy-17(alpha)-methyl-5(alpha)-androst-1-en-3-one)
(a.k.a. '17(alpha)-methyl-1-testosterone').
[(40)]  (42) Nandrolone(17(beta)-hydroxyestr-4-en-3-one).
[(41)]  (43) 19-nor-4-androstenediol (3(beta),17(beta)-dihydroxyestr-
4-ene).
[(42)]  (44) 19-nor-4-androstenediol (3(alpha),17(beta)-dihydroxyestr-
4-ene).
[(43)]  (45) 19-nor-5-androstenediol (3(beta),17(beta)-dihydroxyestr-
5-ene).
[(44)]  (46) 19-nor-5-androstenediol (3(alpha),17(beta)-dihydroxyestr-
5-ene).
[(45)]  (47) 19-NOR-4,9(10)-ANDROSTADIENEDIONE
(ESTRA-4,9(10)-DIENE-3,17-DIONE).
[(46)]  (49) 19-nor-4-androstenedione (estr-4-en-3,17-dione).
[(47)]  (50) Norbolethone (13(beta), 17(alpha)-diethyl-17(beta)-
hydroxygon-4-en-3-one).
[(48)]  (51) Norclostebol (4-chloro-17(beta)-hydroxyestr-4-en-3-one).
[(49)]  (52) Norethandrolone (17(alpha)-ethyl-17(beta)-hydroxyestr-
4-en-3-one).
[(50)]  (53) Normethandrolone (17(alpha)-methyl-17(beta)-
hydroxyestr-4-en-3-one).
[(51)]  (54) Oxandrolone (17(alpha)-methyl-17(beta)-hydroxy-2-oxa-
{5(alpha)}-androstan-3-one).
[(52)]  (55) Oxymesterone (17(alpha)-methyl-4, 17(beta)-dihydroxy[-]
androst-4-en-3-one).
[(53)]  (56) Oxymetholone (17 {alpha}-methyl-2-hydroxymethylene-17
(beta)-hydroxy-{5(alpha)}-androstan-3-one).
[(54)]  (57) Stanozolol (17(alpha)-methyl-17(beta)-hydroxy-{5(alpha)}-
androst-2-eno(3, 2-c)-pyrazole).
[(55)]  (58) Stenbolone (17(beta)-hydroxy-2-methyl-{5(alpha)}-androst-
1-en-3-one).
[(56)]  (59) Testolactone (13-hydroxy-3-oxo-13, 17-secoandrost-1,4-
dien-17-oic acid lactone).
[(57)]  (60) Testosterone (17(beta)-hydroxyandrosta-4-en-3-one).
[(58)]  (61) Tetrahydrogestrinone (13(beta), 17(alpha)-diethyl-
17(beta)-hydroxygon-4, 9, 11-trien-3-one).
[(59)]  (62) Trenbolone (17(beta)-hydroxyestr-4, 9, 11-trien-3-one).
[(60)]  (63) Any salt, ester or ether of a drug or substance described
or listed in this subdivision.
S 9. The opening paragraph of subdivision (c) of schedule III of
section 3306 of the public health law, as added by chapter 664 of the
laws of 1985, is amended to read as follows:
Unless specifically excepted or unless listed in another schedule, any
material, compound, mixture, or preparation which contains any quantity
of the following substances having a depressant effect on the central nervous system, INCLUDING ITS SALTS, ISOMERS, AND SALTS OF ISOMERS:

S 10. Subdivision (e) of schedule III of section 3306 of the public health law, as added by chapter 664 of the laws of 1985, paragraphs 3 and 4 as amended by chapter 589 of the laws of 1996 and paragraph 9 as added by chapter 457 of the laws of 2006, is amended to read as follows:

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1.8 grams of codeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than 1.8 grams of codeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than three hundred milligrams of dihydrocodeinone (hydrocodone) per one hundred milliliters or not more than fifteen milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

(4) Not more than three hundred milligrams of dihydrocodeinone (hydrocodone) per one hundred milliliters or not more than fifteen milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 1.8 grams of dihydrocodeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than three hundred milligrams of ethylmorphine per one hundred milliliters or not more than fifteen milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(7) Not more than five hundred milligrams of opium per one hundred milliliters or per one hundred grams or not more than twenty-five milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(8) Not more than fifty milligrams of morphine per one hundred milliliters or per one hundred grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(9) Buprenorphine in any quantities.

S 11. Subdivision (f) of schedule III of section 3306 of the public health law, as amended by chapter 178 of the laws of 2010, is amended to read as follows:

(f) [(i)] Dronabinol (SYNTHETIC) in sesame oil and encapsulated in a soft gelatin capsule in a [drug product approved for marketing by the U.S. Food and Drug Administration [(FDA)] APPROVED PRODUCT.

[(ii) Any drug product in tablet or capsule form containing natural dronabinol derived from the cannabis (plant) or synthetic dronabinol (produced from synthetic materials) for which an abbreviated new drug application (ANDA) has been approved by the FDA under section 505(j) of the Federal Food, Drug, and Cosmetic Act which references as its listed drug the drug product referred to in paragraph (i) of this subdivision.] Some other names for dronabinol include: (6aR-trans)-6a, 7, 8, 10a-tetrahydro-6, 6, 9-trimethyl-3-pentyl-6H-dibenzob(d) pyran-1-ol, or (-)-delta-9-(trans) - tetrahydrocannabinol.
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1    S 12. Subdivision (c) of schedule IV of section 3306 of the public
2    health law is amended by adding two new paragraphs 52 and 53 to read as
3    follows:
4    (52) FOSPROPOFOL.
5    (53) CARISOPRODOL.
6    S 13. Paragraph 11 of subdivision (e) of schedule IV of section 3306
7    of the public health law, as added by chapter 457 of the laws of 2006,
8    is amended to read as follows:
9    (11) [Modafanil] MODAFINIL.
10   S 14. Subdivision (f) of schedule IV of section 3306 of the public
11    health law is amended by adding a new paragraph 3 to read as follows:
12    (3) TRAMADOL IN ANY QUANTITIES.
13   S 15. Subdivision (b) of schedule V of section 3306 of the public
14    health law, as added by chapter 664 of the laws of 1985, is amended to
15    read as follows:
16    (b) Narcotic drugs containing nonnarcotic active medicinal ingredi-
17    ents. Any compound, mixture, or preparation containing any of the
18    following narcotic drugs, or their salts calculated as the free anhy-
19    drous base or alkaloid, in limited quantities as set forth below, which
20    shall include one or more nonnarcotic active medicinal ingredients in
21    sufficient proportion to confer upon the compound, mixture, or prepara-
22    tion valuable medicinal qualities other than those possessed by narcotic drugs alone:
23    (1) Not more than two hundred milligrams of codeine per one hundred
24    milliliters or per one hundred grams.
25    (2) Not more than one hundred milligrams of dihydrocodeine per one
26    hundred milliliters or per one hundred grams.
27    (3) Not more than one hundred milligrams of ethylmorphine per one
28    hundred milliliters or per one hundred grams.
29    (4) Not more than 2.5 milligrams of diphenoxylate and not less than
30    twenty-five micrograms of atropine sulfate per dosage unit.
31    (5) Not more than one hundred milligrams of opium per one hundred
32    milliliters or per one hundred grams.
33    (6) Not more than 0.5 milligram of difenoxin and not less than twen-
34    ty-five micrograms of atropine sulfate per dosage unit.
35   S 16. Subdivision (d) of schedule V of section 3306 of the public
36    health law, as added by chapter 178 of the laws of 2010, is amended to
37    read as follows:
38    (d) Depressants. Unless specifically exempted or excluded or unless
39    listed in another schedule, any material, compound, mixture, or prepara-
40    tion which contains any quantity of the following substances having a
41    depressant effect on the central nervous system, including its salts,
42    ISOMERS, AND SALTS OF ISOMERS:
43    (1) EZOGABINE {N-\{2-AMINO-4-(4-FLUOROBENZYLAMINO)-PHENYL\}-CARBAMIC
44    ACID ETHYL ESTER}.
45    (2) LACOSAMIDE {(R)-2-ACETOAMIDO-N-BENZYL-3-METHOXY-PROPIONAMIDE}.
46    (3) Pregabalin [{\(\{(S)\)-3-(aminomethyl)-5-methylhexanoic acid\}]}.
47   S 17. Subdivision 7 of section 3331 of the public health law, as
48    amended by chapter 640 of the laws of 1990, is amended to read as
49    follows:
50    7. A practitioner may not administer, prescribe or dispense any
51    substance referred to in subdivision (h) [or subdivision (j)] of Sched-
52    ule II, AND SUBDIVISION (G) OF SCHEDULE III, of section three thousand
53    three hundred six of this article for other than therapeutic purposes. A
54    practitioner may not administer, prescribe or dispense any such
55    substance to any individual without first obtaining the informed consent
of such individual, or where the individual lacks capacity to give such
consent, a person legally authorized to consent on his or her behalf.

S 18. Subdivision 8 of section 220.00 of the penal law, as amended by
chapter 664 of the laws of 1985, is amended to read as follows:

8. "Narcotic preparation" means any controlled substance listed in
schedule II (B-1), III (d) or III (e).

S 19. This act shall take effect on the ninetieth day after it shall
have become a law; provided that sections two, three, ten, fourteen and
eighteen shall take effect on the one hundred eightieth day after it
shall have become a law; and provided that sections fifteen and seven-
teen of this act shall take effect immediately.

PART D

Section 1. Subparagraphs (i), (ii) and (iii) of paragraph (b) of
subdivision 2 of section 3309-a of the public health law, as added by
section 52 of part D of chapter 56 of the laws of 2012, are amended and
a new subparagraph (iv) is added to read as follows:

(i) Report to the commissioner regarding the development of recommen-
dations and model courses for continuing medical education, refresher
courses and other training materials for licensed health care profes-
sionals on appropriate use of prescription pain medication. Such recom-
mandations, model courses and other training materials shall be submit-
ted to the commissioner, who shall make such information available for
the use in medical education, residency programs, fellowship programs,
and for use in continuing medication education programs no later than
January first, two thousand thirteen. SUCH RECOMMENDATIONS ALSO SHALL
INCLUDE RECOMMENDATIONS ON: (A) EDUCATIONAL AND CONTINUING MEDICAL
EDUCATION REQUIREMENTS FOR PRACTITIONERS APPROPRIATE TO ADDRESS
PRESCRIPTION PAIN MEDICATION AWARENESS AMONG HEALTH CARE PROFESSIONALS;
(B) CONTINUING EDUCATION REQUIREMENTS FOR PHARMACISTS RELATED TO
PRESCRIPTION PAIN MEDICATION AWARENESS; AND (C) CONTINUING EDUCATION IN
PALLIATIVE CARE AS IT RELATES TO PAIN MANAGEMENT, FOR WHICH PURPOSE THE
WORK GROUP SHALL CONSULT THE NEW YORK STATE PALLIATIVE CARE EDUCATION
AND TRAINING COUNCIL;

(ii) No later than January first, two thousand thirteen, provide
outreach and assistance to health care professional organizations to
encourage and facilitate continuing medical education training programs
for their members regarding appropriate prescribing practices FOR THE
BEST PATIENT CARE and the risks associated with [prescription] OVERPRES-
CRIBING AND UNDERPREScribing pain medication; [and]

(iii) Provide information to the commissioner for use in the develop-
ment and continued update of the public awareness campaign, including
information, resources, and active web links that should be included on
the website[.]; AND

(IV) CONSIDER OTHER ISSUES DEEMED RELEVANT BY THE COMMISSIONER,
INCLUDING HOW TO PROTECT AND PROMOTE THE ACCESS OF PATIENTS WITH A
LEGITIMATE NEED FOR CONTROLLED SUBSTANCES, PARTICULARLY MEDICATIONS
NEEDED FOR PAIN MANAGEMENT BY ONCOLOGY PATIENTS, AND WHETHER AND HOW TO
ENCOURAGE OR REQUIRE THE USE OR SUBSTITUTION OF OPIOID DRUGS THAT EMPLOY
TAMPER-RESISTANCE TECHNOLOGY AS A MECHANISM FOR REDUCING ABUSE AND
DIVERSION OF OPIOID DRUGS.

S 2. Subdivision 3 of section 3309-a of the public health law, as
added by section 52 of part D of chapter 56 of the laws of 2012, is
amended to read as follows:

4. The commissioner shall report to the governor, the temporary president of the senate and the speaker of the assembly no later than March first, two thousand thirteen, and annually thereafter, on the work group's findings. The report shall include information on opioid overdose deaths, emergency room utilization for the treatment of opioid overdose, the utilization of pre-hospital addiction services and recommendations to reduce opioid addiction and the consequences thereof. THE REPORT SHALL ALSO INCLUDE A RECOMMENDATION AS TO WHETHER SUBDIVISION TWO OF SECTION THIRTY-THREE HUNDRED FORTY-THREE-A OF THIS ARTICLE SHOULD BE AMENDED TO REQUIRE PRACTITIONERS PRESCRIBING OR DISPENSING CERTAIN IDENTIFIED SCHEDULE V CONTROLLED SUBSTANCES TO COMPLY WITH THE CONSULTATION REQUIREMENTS OF SUCH SUBDIVISION.

S 3. This act shall take effect immediately.

PART E

Section 1. The public health law is amended by adding a new section 3343-b to read as follows:

S 3343-B. SAFE DISPOSAL OF UNUSED CONTROLLED SUBSTANCES. THE DEPARTMENT SHALL ESTABLISH A PROGRAM FOR THE SAFE DISPOSAL OF UNUSED CONTROLLED SUBSTANCES BY CONSUMERS IN ACCORDANCE WITH FEDERAL LAW. THE PROGRAM SHALL PERMIT INDIVIDUAL MEMBERS OF THE PUBLIC TO VOLUNTARILY SURRENDER CONTROLLED SUBSTANCES LISTED ON SCHEDULE II, III, IV OR V OF SECTION THIRTY-THREE HUNDRED SIX OF THIS ARTICLE IN A SECURE MANNER, WITHOUT IDENTIFYING THEMSELVES, AND SHALL BE PUBLICIZED CONSISTENT WITH THE PRESCRIPTION PAIN MEDICATION AWARENESS PROGRAM ESTABLISHED PURSUANT TO SECTION THIRTY-THREE HUNDRED NINE-A OF THIS ARTICLE. THE SURRENDER OF A CONTROLLED SUBSTANCE PURSUANT TO THE PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL NOT CONSTITUTE THE POSSESSION, TRANSFER OR SALE OF SUCH CONTROLLED SUBSTANCE FOR PURPOSES OF THIS ARTICLE OR THE PENAL LAW. IN DEVELOPING SUCH PROGRAM, THE DEPARTMENT SHALL CONSIDER THE FOLLOWING: APPROPRIATE SITES FOR DISPOSAL THROUGHOUT THE STATE; THE ROLE OF LAW ENFORCEMENT AND FEDERAL AUTHORITIES, AS APPROPRIATE; AND THE MANNER IN WHICH POTENTIAL COSTS TO LOCALITIES OR TO THE STATE WILL BE addRESSED. DISPOSAL SITES SHALL BE OPERATED BY LAW ENFORCEMENT AGENCIES ON A VOLUNTEER BASIS IN COLLABORATION WITH THE DEPARTMENT. NOTHING IN THIS SECTION SHALL REQUIRE ANY POLITICAL SUBDIVISION OF THE STATE TO PARTICIPATE IN THE PROGRAM ESTABLISHED IN THIS SECTION.

S 2. This act shall take effect immediately.

S 3. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment
shall have been rendered. It is hereby declared to be the intent of the
legislature that this act would have been enacted even if such invalid
provisions had not been included herein.

S 4. This act shall take effect immediately; provided, however, that
the applicable effective date of Parts A through E of this act shall be
as specifically set forth in the last section of such Parts.