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I N   A S S E M B L Y

June 6, 2014

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Introduced by COMMITTEE ON RULES -- (at request of M. of A. Cymbrowitz)  
-- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to prescription pain medication and heroin awareness program

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

1     Section 1. The section heading and subdivisions 1 and 2 of section  
2     3309-a of the public health law, as added by section 52 of part D of  
3     chapter 56 of the laws of 2012, subparagraphs (i), (ii) and (iii) of  
4     paragraph (b) of subdivision 2 as amended and subparagraph (iv) of para-  
5     graph (b) of subdivision 2 as added by section 1 of part D of chapter  
6     447 of the laws of 2012, are amended to read as follows:  
7     Prescription pain medication AND HEROIN awareness program. 1. There is  
8     hereby established within the department a prescription pain medication  
9     AND HEROIN awareness program to educate the public and health care prac-  
10    titioners about the risks associated with [prescribing and taking  
11    controlled substance pain medications] THESE SUBSTANCES.  
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 and conduct a public health education [media] AWARENESS  
16    campaign designed to REDUCE THE STIGMA ASSOCIATED WITH ADDICTION,  
17    EDUCATE PROFESSIONALS AND NON-PROFESSIONALS ON HOW TO RECOGNIZE THE  
18    SIGNS OF ADDICTION, AND alert youth, parents and the general population  
19    about the risks associated with HEROIN AND prescription pain medications  
20    [and], AS WELL AS the need to properly dispose of any unused medication.  
21    In developing this campaign, the commissioner shall consult with and use  
22    information provided by the work group established pursuant to [subdivi-  
23    sion] PARAGRAPH (b) of this [section] SUBDIVISION and other relevant  
24    professional organizations. The campaign shall [include] UTILIZE AT A  
25    MINIMUM, SOCIAL AND MASS MEDIA, EDUCATIONAL PUBLIC FORUMS AND an inter-  
26    net website providing information for parents, children and health care  
27    professionals on the risks associated with taking opioids and resources  
28    available to those needing assistance with HEROIN OR prescription pain

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

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1 medication addiction. Such website shall [also] provide information  
2 regarding where individuals may properly dispose of controlled  
3 substances in their community and include active links to further infor-  
4 mation and resources. IN ADDITION, SUCH WEBSITE SHALL ALSO INCLUDE  
5 INFORMATION REGARDING THE OPIOID OVERDOSE PREVENTION PROGRAM PURSUANT TO  
6 SECTION THIRTY-THREE HUNDRED NINE OF THIS TITLE AND THE GOOD SAMARITAN  
7 LAW PURSUANT TO SECTIONS 220.03 AND 220.78 OF THE PENAL LAW AND SECTION  
8 390.40 OF THE CRIMINAL PROCEDURE LAW. The campaign shall begin no later  
9 than September first, two thousand twelve.

10 (b) Establish a work group, no later than June first, two thousand  
11 twelve, which shall be composed of experts in the fields of palliative  
12 and chronic care pain management and addiction medicine. Members of the  
13 work group shall receive no compensation for their services, but shall  
14 be allowed actual and necessary expenses in the performance of their  
15 duties pursuant to this section. The work group shall:

16 (i) Report to the commissioner regarding the development of recommen-  
17 dations and model courses for continuing medical education, refresher  
18 courses and other training materials for licensed health care profes-  
19 sionals on appropriate use of prescription pain medication, HOW TO  
20 RECOGNIZE THE SIGNS OF ADDICTION THROUGH SCREENING, BRIEF INTERVENTION  
21 AND REFERRAL TO TREATMENT, OR ANY OTHER EVIDENCE BASED MODELS AND THE  
22 EFFECTIVE USE OF MEDICATED ASSISTED TREATMENT FOR HEROIN OR PRESCRIPTION  
23 PAIN MEDICATION ADDICTION. Such recommendations, model courses and other  
24 training materials shall be submitted to the commissioner, who shall  
25 make such information available for the use in medical education, resi-  
26 dency programs, fellowship programs, and for use in continuing medica-  
27 tion education programs no later than January first, two thousand thir-  
28 teen AND EVERY TWO YEARS THEREAFTER. Such recommendations also shall  
29 include recommendations on: (A) educational and continuing medical  
30 education requirements for practitioners appropriate to address  
31 prescription pain medication awareness among health care professionals;  
32 (B) continuing education requirements for pharmacists related to  
33 prescription pain medication awareness; and (C) continuing education in  
34 palliative care as it relates to pain management, for which purpose the  
35 work group shall consult the New York state palliative care education  
36 and training council;

37 (ii) No later than January first, two thousand thirteen, AND EVERY TWO  
38 YEARS THEREAFTER, provide outreach and assistance to health care profes-  
39 sional organizations to encourage and facilitate continuing medical  
40 education training programs for their members regarding THE DETECTION OF  
41 ADDICTION, appropriate prescribing practices for the best patient care  
42 and the risks associated with overprescribing and underprescribing pain  
43 medication;

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

48 (iv) Consider other issues deemed relevant by the commissioner,  
49 including how to protect and promote the access of patients with a  
50 legitimate need for controlled substances, particularly medications  
51 needed for pain management by oncology patients, and whether and how to  
52 encourage or require the use or substitution of opioid drugs that employ  
53 tamper-resistance technology as a mechanism for reducing abuse and  
54 diversion of opioid drugs.

55 S 2. This act shall take effect on the ninetieth day after it shall  
56 have become a law.