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I N   S E N A T E

January 28, 2014

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Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to opioid overdose prevention

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

1     Section 1. Section 3309 of the public health law, as added by chapter  
2     413 of the laws of 2005, is amended to read as follows:  
3     S 3309. Opioid overdose prevention. 1. The commissioner is authorized  
4     to establish standards for approval of any opioid overdose prevention  
5     program which may include, but not be limited to, standards for program  
6     directors, appropriate clinical oversight, training, record keeping and  
7     reporting.  
8     2. Notwithstanding any inconsistent provisions of section sixty-five  
9     hundred twelve of the education law or any other law, the purchase,  
10    acquisition, possession or use of an opioid antagonist pursuant to this  
11    section shall not constitute the unlawful practice of a profession or  
12    other violation under title eight of the education law or this article.  
13    3. A HEALTH CARE PROFESSIONAL WHO, ACTING IN GOOD FAITH AND WITH  
14    REASONABLE CARE, PRESCRIBES OR DISPENSES AN OPIOID ANTAGONIST SHALL NOT  
15    BE SUBJECT TO ANY CRIMINAL OR CIVIL LIABILITY OR ANY PROFESSIONAL DISCIPLINARY ACTION FOR (A) SUCH PRESCRIBING OR DISPENSING, AND (B) ANY OUTCOMES RESULTING FROM THE EVENTUAL ADMINISTRATION OF THE OPIOID ANTAGONIST.  
16    4. NOTWITHSTANDING ANY OTHER LAW OR REGULATION, A HEALTH CARE PROFESSIONAL OTHERWISE AUTHORIZED TO PRESCRIBE AN OPIOID ANTAGONIST MAY, DIRECTLY OR BY NON-PATIENT SPECIFIC ORDER, PRESCRIBE, DISPENSE, AND DISTRIBUTE AN OPIOID ANTAGONIST TO A PERSON AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE OR TO A FAMILY MEMBER, FRIEND, OR OTHER PERSON IN A POSITION TO ASSIST A PERSON AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE. ANY SUCH PRESCRIPTION SHALL BE REGARDED AS BEING ISSUED FOR A LEGITIMATE MEDICAL PURPOSE IN THE USUAL COURSE OF PROFESSIONAL PRACTICE.

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

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1 5. NOTWITHSTANDING ANY OTHER LAW OR REGULATION, A PERSON OR ORGANIZA-  
2 TION ACTING UNDER A NON-PATIENT SPECIFIC ORDER ISSUED BY A HEALTH CARE  
3 PROFESSIONAL WHO IS OTHERWISE AUTHORIZED TO PRESCRIBE AN OPIOID ANTAG-  
4 ONIST MAY STORE AND DISPENSE AN OPIOID ANTAGONIST WITHOUT BEING SUBJECT  
5 TO PROVISIONS OF TITLE EIGHT OF THE EDUCATION LAW EXCEPT THOSE  
6 PROVISIONS REGARDING STORAGE OF DRUGS.

7 6. Use of an opioid antagonist pursuant to this section shall be  
8 considered first aid or emergency treatment for the purpose of any stat-  
9 ute relating to liability.

10 [4.] 7. The commissioner shall publish findings on statewide opioid  
11 overdose data that reviews overdose death rates and other information to  
12 ascertain changes in the cause and rates of fatal opioid overdoses. The  
13 report may be part of existing state mortality reports issued by the  
14 department, and shall be submitted annually for three years and as  
15 deemed necessary by the commissioner thereafter, to the governor, the  
16 temporary president of the senate and the speaker of the assembly. The  
17 report shall include, at a minimum, the following information:

18 (a) information on opioid overdose deaths, including age, gender,  
19 ethnicity, and geographic location;

20 (b) data on emergency room utilization for the treatment of opioid  
21 overdose;

22 (c) data on utilization of pre-hospital services;

23 (d) suggested improvements in data collection.

24 S 2. This act shall take effect immediately.