S T A T E O F N E W Y O R K

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Cal. No. 104

I N S E N A T E

January 28, 2014

Introduced by Sens. HANNON, BOYLE, BALL, CARLUCCI, ESPAILLAT, GRISANTI, HASSELL-THOMPSON, HOYLMAN, KENNEDY, KRUEGER, LANZA, MARCHIONE, MARTINS, MONTGOMERY, PARKER, RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading -- again amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to use of opioid antagonists

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

Section 1. Section 3309 of the public health law, as added by chapter 413 of the laws of 2005, is amended to read as follows:

S 3309. Opioid overdose prevention. 1. The commissioner is authorized to establish standards for approval of any opioid overdose prevention program, AND OPIOID ANTAGONIST PRESCRIBING, DISPENSING, DISTRIBUTION, POSSESSION AND ADMINISTRATION PURSUANT TO THIS SECTION which may include, but not be limited to, standards for program directors, appropriate clinical oversight, training, record keeping and reporting.

2. Notwithstanding any inconsistent provisions of section sixty-five hundred twelve of the education law or any other law, the purchase, acquisition, possession or use of an opioid antagonist pursuant to this section shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or this article.

3. (A) AS USED IN THIS SECTION:

(I) "OPIOID ANTAGONIST" MEANS A DRUG APPROVED BY THE FOOD AND DRUG ADMINISTRATION THAT, WHEN ADMINISTERED, NEGATES OR NEUTRALIZES IN WHOLE OR IN PART THE PHARMACOLOGICAL EFFECTS OF AN OPIOID IN THE BODY. "OPIOID ANTAGONIST" SHALL BE LIMITED TO NALOXONE AND OTHER MEDICATIONS APPROVED BY THE DEPARTMENT FOR SUCH PURPOSE.

(II) "HEALTH CARE PROFESSIONAL" MEANS A PERSON LICENSED, REGISTERED OR AUTHORIZED PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW TO PRESCRIBE PRESCRIPTION DRUGS.

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

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(III) "PHARMACIST" MEANS A PERSON LICENSED OR AUTHORIZED TO PRACTICE PHARMACY PURSUANT TO ARTICLE ONE HUNDRED THIRTY-SEVEN OF THE EDUCATION LAW.

(IV) "OPIOID ANTAGONIST RECIPIENT" OR "RECIPIENT" MEANS A PERSON AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE, OR A FAMILY MEMBER, FRIEND OR OTHER PERSON IN A POSITION TO ASSIST A PERSON EXPERIENCING OR AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE, OR AN ORGANIZATION REGISTERED AS AN OPIOID OVERDOSE PREVENTION PROGRAM PURSUANT TO THIS SECTION.

(B)(I) A HEALTH CARE PROFESSIONAL MAY PRESCRIBE BY A PATIENT-SPECIFIC OR NON-PATIENT-SPECIFIC PRESCRIPTION, DISPENSE OR DISTRIBUTE, DIRECTLY OR INDIRECTLY, AN OPIOID ANTAGONIST TO AN OPIOID ANTAGONIST RECIPIENT.

(II) A PHARMACIST MAY DISPENSE AN OPIOID ANTAGONIST, THROUGH A PATIENT-SPECIFIC OR NON-PATIENT-SPECIFIC PRESCRIPTION PURSUANT TO THIS PARAGRAPH, TO AN OPIOID ANTAGONIST RECIPIENT.

(III) AN OPIOID ANTAGONIST RECIPIENT MAY POSSESS AN OPIOID ANTAGONIST OBTAINED PURSUANT TO THIS PARAGRAPH, MAY DISTRIBUTE SUCH OPIOID ANTAGONIST TO A RECIPIENT, AND MAY ADMINISTER SUCH OPIOID ANTAGONIST TO A PERSON THE RECIPIENT REASONABLY BELIEVES IS EXPERIENCING AN OPIOID OVERDOSE.

(IV) THE PROVISIONS OF THIS PARAGRAPH SHALL NOT BE DEEMED TO REQUIRE A PRESCRIPTION FOR ANY OPIOID ANTAGONIST THAT DOES NOT OTHERWISE REQUIRE A PRESCRIPTION; NOR SHALL IT BE DEEMED TO LIMIT THE AUTHORITY OF A HEALTH CARE PROFESSIONAL TO PRESCRIBE, DISPENSE OR DISTRIBUTE, OR OF A PHARMACIST TO DISPENSE, AN OPIOID ANTAGONIST UNDER ANY OTHER PROVISION OF LAW.

4. Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

[4.] A RECIPIENT OR OPIOID OVERDOSE PREVENTION PROGRAM UNDER THIS SECTION, ACTING REASONABLY AND IN GOOD FAITH IN COMPLIANCE WITH THIS SECTION, SHALL NOT BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITY SOLELY BY REASON OF SUCH ACTION.

5. The commissioner shall publish findings on statewide opioid overdose data that reviews overdose death rates and other information to ascertain changes in the cause and rates of fatal opioid overdoses. The report may be part of existing state mortality reports issued by the department, and shall be submitted annually [for three years and as deemed necessary by the commissioner thereafter,] to the governor, the temporary president of the senate [and], the speaker of the assembly, AND THE CHAIRS OF THE SENATE AND ASSEMBLY HEALTH COMMITTEES. The report shall include, at a minimum, the following information:

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

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

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

(d) [suggested improvements in data collection.] DATA ON UTILIZATION OF OPIOID ANTAGONISTS; AND

(E) ANY OTHER INFORMATION NECESSARY TO ASCERTAIN THE SUCCESS OF THE PROGRAM AND WAYS TO FURTHER REDUCE OVERDOSES.

S 2. This act shall take effect immediately.