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I N S E N A T E

May 23, 2014

Introduced by Sens. HANNON, MAZIARZ, BALL, BONACIC, BOYLE, CARLUCCI, FELDER, GALLIVAN, GOLDEN, GRIFFO, LANZA, LARKIN, LITTLE, MARCELLINO, MARCHIONE, MARTINS, NOZZOLIO, O'MARA, RANZENHOFER, RITCHIE, ROBACH, SAVINO, SEWARD, VALESKY, YOUNG -- 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 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
17 about the risks associated with prescription pain medications and the
18 need to properly dispose of any unused medication. In developing this
19 campaign, the commissioner shall consult with and use information
20 provided by the work group established pursuant to subdivision [(b)]
21 FOUR of this section and other relevant professional organizations. The
22 campaign shall include an internet website providing information for
23 parents, children and health care professionals on the risks associated
24 with taking opioids and resources available to those needing assistance

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

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LBD15377-01-4

1 with prescription pain medication addiction. Such website shall also
2 provide information regarding where individuals may properly dispose of
3 controlled substances in their community and include active links to
4 further information and resources. The campaign shall begin no later
5 than September first, two thousand twelve.

6 3. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
7 TION, SHALL ESTABLISH STANDARDS, AND REVIEW AND IMPLEMENT REQUIREMENTS
8 FOR THE PERFORMANCE OF CONTINUING MEDICAL EDUCATION ON PAIN MANAGEMENT,
9 PALLIATIVE CARE AND ADDICTION. EVERY HEALTH CARE PROFESSIONAL LICENSED,
10 REGISTERED OR CERTIFIED UNDER TITLE EIGHT OF THE EDUCATION LAW TO TREAT
11 HUMANS AND REGISTERED UNDER THE FEDERAL CONTROLLED SUBSTANCES ACT AND IN
12 POSSESSION OF A REGISTRATION NUMBER FROM THE DRUG ENFORCEMENT ADMINIS-
13 TRATION, UNITED STATES DEPARTMENT OF JUSTICE, OR ITS SUCCESSOR AGENCY,
14 SHALL, EVERY TWO YEARS, COMPLETE THREE HOURS OF COURSE WORK AS SET FORTH
15 IN THIS SECTION; PROVIDED, HOWEVER, THAT SAID HOURS SHALL BE DEEMED TO
16 COUNT TOWARD THE PROFESSIONAL'S OBLIGATION FOR BOARD CERTIFICATION.

17 (A) EXISTING CURRICULA, INCLUDING CURRICULA DEVELOPED BY A NATIONALLY
18 RECOGNIZED HEALTH CARE PROFESSIONAL, SPECIALTY, OR PROVIDER ASSOCIATION,
19 OR NATIONALLY RECOGNIZED PAIN MANAGEMENT ASSOCIATION, MAY BE CONSIDERED
20 IN IMPLEMENTING THIS SECTION.

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

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

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

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

35 (D) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCA-
36 TION AND STAKEHOLDERS SHALL REPORT TO THE TEMPORARY PRESIDENT OF THE
37 SENATE, THE SPEAKER OF THE ASSEMBLY AND THE CHAIRS OF THE HEALTH AND
38 HIGHER EDUCATION COMMITTEES NO LATER THAN THREE YEARS AFTER THE EFFEC-
39 TIVE DATE OF THIS SUBDIVISION ON THE SUCCESS AND IMPACT OF THIS SECTION
40 AND ANY RECOMMENDATIONS.

41 [(b)] 4. Establish a work group, no later than June first, two thou-
42 sand twelve, which shall be composed of experts in the fields of pallia-
43 tive and chronic care pain management and addiction medicine. Members of
44 the work group shall receive no compensation for their services, but
45 shall be allowed actual and necessary expenses in the performance of
46 their duties pursuant to this section. The work group shall:

47 [(i)] (A) Report to the commissioner regarding the development of
48 recommendations and model courses for continuing medical education,
49 refresher courses and other training materials for licensed health care
50 professionals on appropriate use of prescription pain medication. Such
51 recommendations, model courses and other training materials shall be
52 submitted to the commissioner, who shall make such information available
53 for the use in medical education, residency programs, fellowship
54 programs, and for use in continuing medication education programs no
55 later than January first, two thousand thirteen. Such recommendations
56 also shall include recommendations on: [(A)] (I) educational and contin-

1 using medical education requirements for practitioners appropriate to
2 address prescription pain medication awareness among health care profes-
3 sionals; [(B)] (II) continuing education requirements for pharmacists
4 related to prescription pain medication awareness; and [(C)] (III)
5 continuing education in palliative care as it relates to pain manage-
6 ment, for which purpose the work group shall consult the New York state
7 palliative care education and training council;

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

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

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

25 [3.] 5. On or before September first, two thousand twelve, the commis-
26 sioner, in consultation with the commissioner of the office of alcohol-
27 ism and substance abuse services, the commissioner of education, and the
28 executive secretary of the state board of pharmacy, shall add to the
29 workgroup such additional members as appropriate so that the workgroup
30 may provide guidance in furtherance of the implementation of the I-STOP
31 act. For such purposes, the workgroup shall include but not be limited
32 to consumer advisory organizations, health care practitioners and
33 providers, oncologists, addiction treatment providers, practitioners
34 with experience in pain management, pharmacists and pharmacies, and
35 representatives of law enforcement agencies.

36 [4.] 6. The commissioner shall report to the governor, the temporary
37 president of the senate and the speaker of the assembly no later than
38 March first, two thousand thirteen, and annually thereafter, on the work
39 group's findings. The report shall include information on opioid over-
40 dose deaths, emergency room utilization for the treatment of opioid
41 overdose, the utilization of pre-hospital addiction services and recom-
42 mendations to reduce opioid addiction and the consequences thereof. The
43 report shall also include a recommendation as to whether subdivision two
44 of section thirty-three hundred forty-three-a of this article should be
45 amended to require practitioners prescribing or dispensing certain iden-
46 tified schedule V controlled substances to comply with the consultation
47 requirements of such subdivision.

48 S 2. This act shall take effect one year after it shall have become a
49 law and shall expire and be deemed repealed 4 years after such date.
50 Provided, however, that effective immediately, the addition, amendment
51 and/or repeal of any rule or regulation necessary for the implementation
52 of this act on its effective date is authorized and directed to be made
53 and completed on or before such effective date.