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

10492

I N A S S E M B L Y

May 31, 2016

Introduced by M. of A. RUSSELL -- read once and referred to the Committee on Codes

AN ACT to amend the executive law, the county law and the general municipal law, in relation to requiring members of the state police, city police departments and sheriff's departments to be trained in the administration of opioid antagonists; 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:

Section 1. The executive law is amended by adding a new section 221-e to read as follows:

S 221-E. OPIOID ANTAGONIST TRAINING AND USE. 1. DEFINITIONS. AS USED IN THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "OPIOID" MEANS AN OPIATE AS DEFINED IN SECTION THIRTY-THREE HUNDRED TWO OF THE PUBLIC HEALTH LAW.

(B) "OPIOID ANTAGONIST" MEANS A FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED DRUG THAT, WHEN ADMINISTERED, NEGATES OR NEUTRALIZES IN WHOLE OR IN PART THE PHARMACOLOGICAL EFFECTS OF AN OPIOID IN THE BODY. THE OPIOID ANTAGONIST IS LIMITED TO NALOXONE OR OTHER MEDICATIONS APPROVED BY THE DEPARTMENT OF HEALTH FOR THIS PURPOSE.

2. ALL MEMBERS OF THE STATE POLICE SHALL BE REQUIRED TO BE TRAINED IN THE ADMINISTRATION OF OPIOID ANTAGONISTS AND SHALL CARRY OPIOID ANTAGONISTS IN THEIR VEHICLES WHEN ON DUTY, WHENEVER REASONABLY PRACTICAL.

3. ALL MEMBERS OF THE STATE POLICE SHALL:

(A) COMPLETE AN INITIAL TRAINING PROGRAM, WHICH MAY INCLUDE A DEPARTMENT OF HEALTH REGISTERED OPIOID OVERDOSE PREVENTION TRAINING PROGRAM;

(B) COMPLETE A REFRESHER TRAINING PROGRAM AT LEAST EVERY TWO YEARS;

(C) CONTACT THE EMERGENCY MEDICAL SYSTEM DURING ANY RESPONSE TO A VICTIM OF A SUSPECTED DRUG OVERDOSE AND ADVISE IF AN OPIOID ANTAGONIST IS BEING USED;

(D) COMPLY WITH PROTOCOLS FOR RESPONSE TO VICTIMS OF SUSPECTED DRUG OVERDOSE; AND

(E) REPORT ALL RESPONSES TO VICTIMS OF SUSPECTED DRUG OVERDOSE TO THE DEPARTMENT OF HEALTH.

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

LBD14976-03-6

S 2. The county law is amended by adding a new section 663 to read as follows:

S 663. OPIOID ANTAGONIST TRAINING AND USE. 1. DEFINITIONS. AS USED IN THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "OPIOID" MEANS AN OPIATE AS DEFINED IN SECTION THIRTY-THREE HUNDRED TWO OF THE PUBLIC HEALTH LAW.

(B) "OPIOID ANTAGONIST" MEANS A FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED DRUG THAT, WHEN ADMINISTERED, NEGATES OR NEUTRALIZES IN WHOLE OR IN PART THE PHARMACOLOGICAL EFFECTS OF AN OPIOID IN THE BODY. THE OPIOID ANTAGONIST IS LIMITED TO NALOXONE OR OTHER MEDICATIONS APPROVED BY THE DEPARTMENT OF HEALTH FOR THIS PURPOSE.

2. ALL SHERIFFS, UNDERSHERIFFS, AND DEPUTY SHERIFFS SHALL BE REQUIRED TO BE TRAINED IN THE ADMINISTRATION OF OPIOID ANTAGONISTS AND SHALL CARRY OPIOID ANTAGONIST IN THEIR VEHICLES WHEN ON DUTY, WHENEVER REASONABLY PRACTICAL; PROVIDED, HOWEVER, THAT COUNTY GOVERNMENTS MAY OPT OUT OF THIS PROVISION BY ADOPTING A RESOLUTION STATING THEIR REASONS FOR NOT PARTICIPATING.

3. ALL SHERIFFS, UNDERSHERIFFS AND DEPUTY SHERIFFS SHALL:

(A) COMPLETE AN INITIAL TRAINING PROGRAM, WHICH MAY INCLUDE A DEPARTMENT OF HEALTH REGISTERED OPIOID OVERDOSE PREVENTION TRAINING PROGRAM;

(B) COMPLETE A REFRESHER TRAINING PROGRAM AT LEAST EVERY TWO YEARS;

(C) CONTACT THE EMERGENCY MEDICAL SYSTEM DURING ANY RESPONSE TO A VICTIM OF SUSPECTED DRUG OVERDOSE AND ADVISE IF AN OPIOID ANTAGONIST IS BEING USED;

(D) COMPLY WITH PROTOCOLS FOR RESPONSE TO VICTIMS OF SUSPECTED DRUG OVERDOSE; AND

(E) REPORT ALL RESPONSES TO VICTIMS OF SUSPECTED DRUG OVERDOSE TO THE DEPARTMENT OF HEALTH.

S 3. The general municipal law is amended by adding a new section 209-ff to read as follows:

S 209-FF. OPIOID ANTAGONIST TRAINING AND USE. 1. DEFINITIONS. AS USED IN THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "OPIOID" MEANS AN OPIATE AS DEFINED IN SECTION THIRTY-THREE HUNDRED TWO OF THE PUBLIC HEALTH LAW.

(B) "OPIOID ANTAGONIST" MEANS A FEDERAL FOOD AND DRUG ADMINISTRATION-APPROVED DRUG THAT, WHEN ADMINISTERED, NEGATES OR NEUTRALIZES IN WHOLE OR IN PART THE PHARMACOLOGICAL EFFECTS OF AN OPIOID IN THE BODY. THE OPIOID ANTAGONIST IS LIMITED TO NALOXONE OR OTHER MEDICATIONS APPROVED BY THE DEPARTMENT OF HEALTH FOR THIS PURPOSE.

2. ALL MEMBERS OF A POLICE DEPARTMENT ORGANIZED AT THE CITY LEVEL SHALL BE REQUIRED TO BE TRAINED IN THE ADMINISTRATION OF OPIOID ANTAGONISTS AND SHALL CARRY OPIOID ANTAGONISTS IN THEIR VEHICLES WHEN ON DUTY, WHENEVER REASONABLY PRACTICAL; PROVIDED, HOWEVER, THAT CITY GOVERNMENTS MAY OPT OUT OF THIS PROVISION BY ADOPTING A RESOLUTION STATING THEIR REASONS FOR NOT PARTICIPATING.

3. ALL MEMBERS OF A POLICE DEPARTMENT ORGANIZED AT THE CITY LEVEL SHALL:

(A) COMPLETE AN INITIAL TRAINING PROGRAM, WHICH MAY INCLUDE A DEPARTMENT OF HEALTH REGISTERED OPIOID OVERDOSE PREVENTION TRAINING PROGRAM;

(B) COMPLETE A REFRESHER TRAINING PROGRAM AT LEAST EVERY TWO YEARS;

(C) CONTACT THE EMERGENCY MEDICAL SYSTEM DURING ANY RESPONSE TO A VICTIM OF SUSPECTED DRUG OVERDOSE AND ADVISE IF AN OPIOID ANTAGONIST IS BEING USED;

(D) COMPLY WITH PROTOCOLS FOR RESPONSE TO VICTIMS OF SUSPECTED DRUG OVERDOSE; AND

(E) REPORT ALL RESPONSES TO VICTIMS OF SUSPECTED DRUG OVERDOSE TO THE DEPARTMENT OF HEALTH.

S 4. This act shall take effect one year after it shall have become a law and shall expire and be deemed repealed six years after such date.