

1 of part D of chapter 447 of the laws of 2012, and subdivisions 3 and 4 as amended by section 2 of part D of chapter 447 of the laws of 2012, is amended to read as follows:

S 3309-a. Prescription pain medication awareness program. 1. There is hereby established within the department a prescription pain medication awareness program to educate the public and health care practitioners about the risks associated with prescribing and taking controlled substance pain medications.

2. Within the amounts appropriated, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, shall:

(a) Develop] DEVELOP and conduct a public health education media campaign designed to alert youth, parents and the general population about the risks associated with prescription pain medications and the need to properly dispose of any unused medication. In developing this campaign, the commissioner shall consult with and use information provided by the work group established pursuant to subdivision [(b)] FOUR of this section and other relevant professional organizations. The campaign shall include an internet website providing information for parents, children and health care professionals on the risks associated with taking opioids and resources available to those needing assistance with prescription pain medication addiction. Such website shall also provide information regarding where individuals may properly dispose of controlled substances in their community and include active links to further information and resources. The campaign shall begin no later than September first, two thousand twelve.

3. COURSE WORK OR TRAINING IN PAIN MANAGEMENT, PALLIATIVE CARE AND ADDICTION. (A) EVERY PERSON LICENSED UNDER TITLE EIGHT OF THE EDUCATION LAW TO TREAT HUMANS, REGISTERED UNDER THE FEDERAL CONTROLLED SUBSTANCES ACT AND IN POSSESSION OF A REGISTRATION NUMBER FROM THE DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE OR ITS SUCCESSOR AGENCY, AND EVERY MEDICAL RESIDENT WHO IS PRESCRIBING UNDER A FACILITY REGISTRATION NUMBER FROM THE DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE OR ITS SUCCESSOR AGENCY, SHALL, ON OR BEFORE JULY FIRST, TWO THOUSAND SEVENTEEN AND ONCE WITHIN EACH THREE YEAR PERIOD THEREAFTER, COMPLETE THREE HOURS OF COURSE WORK OR TRAINING IN PAIN MANAGEMENT, PALLIATIVE CARE, AND ADDICTION APPROVED BY THE DEPARTMENT.

(b) EVERY PERSON LICENSED ON OR AFTER JULY FIRST, TWO THOUSAND SEVENTEEN UNDER TITLE EIGHT OF THE EDUCATION LAW TO TREAT HUMANS, REGISTERED UNDER THE FEDERAL CONTROLLED SUBSTANCES ACT AND IN POSSESSION OF A REGISTRATION NUMBER FROM THE DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE OR ITS SUCCESSOR AGENCY, AND EVERY MEDICAL RESIDENT WHO BEGINS PRESCRIBING UNDER A FACILITY REGISTRATION NUMBER FROM THE DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE OR ITS SUCCESSOR AGENCY ON OR AFTER JULY FIRST, TWO THOUSAND SEVENTEEN, SHALL COMPLETE SUCH COURSE WORK OR TRAINING WITHIN ONE YEAR OF SUCH REGISTRATION AND ONCE WITHIN EACH THREE YEAR PERIOD THEREAFTER.

(c) THE COMMISSIONER, IN CONSULTATION WITH THE DEPARTMENT OF EDUCATION AND THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, SHALL ESTABLISH STANDARDS AND REVIEW AND APPROVE COURSE WORK OR TRAINING IN PAIN MANAGEMENT, PALLIATIVE CARE, AND ADDICTION AND SHALL PUBLISH INFORMATION RELATED TO SUCH STANDARDS, COURSE WORK OR TRAINING ON THE DEPARTMENT'S WEBSITE.

(d) EXISTING COURSE WORK OR TRAINING, INCLUDING COURSE WORK OR TRAINING DEVELOPED BY A NATIONALLY RECOGNIZED HEALTH CARE PROFESSIONAL,

1 SPECIALTY, OR PROVIDER ASSOCIATION, OR NATIONALLY RECOGNIZED PAIN
2 MANAGEMENT ASSOCIATION, MAY BE CONSIDERED IN IMPLEMENTING THIS SUBDIVI-
3 SION.

4 (E) NOTHING SHALL PRECLUDE COURSE WORK OR TRAINING THAT MEETS THE
5 REQUIREMENTS OF PARAGRAPH (C) OF THIS SUBDIVISION FROM COUNTING TOWARD
6 THIS REQUIREMENT IF TAKEN ONLINE.

7 (F) COURSE WORK OR TRAINING SHALL INCLUDE, BUT NOT BE LIMITED TO:
8 STATE AND FEDERAL REQUIREMENTS FOR PRESCRIBING CONTROLLED SUBSTANCES;
9 PAIN MANAGEMENT; APPROPRIATE PRESCRIBING; MANAGING ACUTE PAIN; PALLIA-
10 TIVE MEDICINE; PREVENTION, SCREENING AND SIGNS OF ADDICTION; RESPONSES
11 TO ABUSE AND ADDICTION; AND END OF LIFE CARE.

12 (G) EACH LICENSED PERSON REQUIRED BY THIS SUBDIVISION TO COMPLETE
13 COURSE WORK OR TRAINING SHALL DOCUMENT TO THE DEPARTMENT BY ATTESTATION
14 ON A FORM PRESCRIBED BY THE COMMISSIONER THAT SUCH LICENSED PERSON HAS
15 COMPLETED THE COURSE WORK OR TRAINING REQUIRED BY THIS SUBDIVISION. FOR
16 MEDICAL RESIDENTS WHO ARE PRESCRIBING UNDER A FACILITY REGISTRATION
17 NUMBER FROM THE DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPART-
18 MENT OF JUSTICE OR ITS SUCCESSOR AGENCY, SUCH ATTESTATION SHALL BE MADE
19 BY THE FACILITY.

20 (H) THE DEPARTMENT SHALL INSTITUTE A PROCEDURE FOR APPLICATION FOR AN
21 EXEMPTION FROM SAID REQUIREMENT. THE DEPARTMENT MAY PROVIDE AN EXEMPTION
22 FROM THE COURSE WORK AND TRAINING REQUIRED BY THIS SUBDIVISION TO ANY
23 SUCH LICENSED PERSON WHO: (I) CLEARLY DEMONSTRATES TO THE DEPARTMENT'S
24 SATISFACTION THAT THERE WOULD BE NO NEED FOR HIM OR HER TO COMPLETE SUCH
25 COURSE WORK OR TRAINING; OR (II) THAT HE OR SHE HAS COMPLETED COURSE
26 WORK OR TRAINING DEEMED BY THE DEPARTMENT TO BE EQUIVALENT TO THE COURSE
27 WORK OR TRAINING APPROVED BY THE DEPARTMENT PURSUANT TO THIS SUBDIVI-
28 SION.

29 (I) NOTHING HEREIN SHALL PRECLUDE SUCH COURSE WORK OR TRAINING IN PAIN
30 MANAGEMENT, PALLIATIVE CARE, AND ADDICTION FROM COUNTING TOWARD CONTINU-
31 ING EDUCATION REQUIREMENTS UNDER TITLE EIGHT OF THE EDUCATION LAW TO THE
32 EXTENT PROVIDED IN THE REGULATIONS OF THE COMMISSIONER OF EDUCATION.

33 (J) NOTHING HEREIN SHALL PRECLUDE SUCH COURSE WORK OR TRAINING IN PAIN
34 MANAGEMENT, PALLIATIVE CARE, AND ADDICTION FROM COUNTING TOWARD CONTINU-
35 ING EDUCATION REQUIREMENTS OF A NATIONALLY ACCREDITED MEDICAL BOARD TO
36 THE EXTENT ACCEPTABLE TO SUCH BOARD.

37 4. Establish a work group, no later than June first, two thousand
38 twelve, which shall be composed of experts in the fields of palliative
39 and chronic care pain management and addiction medicine. Members of the
40 work group shall receive no compensation for their services, but shall
41 be allowed actual and necessary expenses in the performance of their
42 duties pursuant to this section. The work group shall:

43 [(i)] (A) Report to the commissioner regarding the development of
44 recommendations and model courses for continuing medical education,
45 refresher courses and other training materials for licensed health care
46 professionals on appropriate use of prescription pain medication. Such
47 recommendations, model courses and other training materials shall be
48 submitted to the commissioner, who shall make such information available
49 for the use in medical education, residency programs, fellowship
50 programs, and for use in continuing medication education programs no
51 later than January first, two thousand thirteen. Such recommendations
52 also shall include recommendations on: [(A)] (I) educational and contin-
53 uing medical education requirements for practitioners appropriate to
54 address prescription pain medication awareness among health care profes-
55 sionals; [(B)] (II) continuing education requirements for pharmacists
56 related to prescription pain medication awareness; and [(C)] (III)

continuing education in palliative care as it relates to pain management, for which purpose the work group shall consult the New York state palliative care education and training council;

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

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

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

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

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

S 2. This act shall take effective immediately.

PART B

Section 1. Paragraph 30 of subsection (i) of section 3216 of the insurance law, as added by chapter 41 of the laws of 2014, is amended to read as follows:

(30)(A) Every policy that provides hospital, major medical or similar comprehensive coverage must provide inpatient coverage for the diagnosis and treatment of substance use disorder, including detoxification and rehabilitation services. Such INPATIENT COVERAGE SHALL INCLUDE UNLIMITED MEDICALLY NECESSARY TREATMENT FOR SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED IN RESIDENTIAL SETTINGS AS REQUIRED BY THE MENTAL

1 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (29 U.S.C. S 1185A).
2 FURTHER, SUCH INPATIENT coverage shall not apply financial requirements
3 or treatment limitations, INCLUDING UTILIZATION REVIEW REQUIREMENTS, to
4 inpatient substance use disorder benefits that are more restrictive than
5 the predominant financial requirements and treatment limitations applied
6 to substantially all medical and surgical benefits covered by the poli-
7 cy. Further, such coverage shall be provided consistent with the feder-
8 al Paul Wellstone and Pete Domenici Mental Health Parity and Addiction
9 Equity Act of 2008 (29 U.S.C. S 1185a).

10 (B) Coverage provided under this paragraph may be limited to facili-
11 ties in New York state which are certified by the office of alcoholism
12 and substance abuse services and, in other states, to those which are
13 accredited by the joint commission as alcoholism, substance abuse, or
14 chemical dependence treatment programs.

15 (C) Coverage provided under this paragraph may be subject to annual
16 deductibles and co-insurance as deemed appropriate by the superintendent
17 and that are consistent with those imposed on other benefits within a
18 given policy.

19 (D) THIS SUBPARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTI-
20 FIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE
21 PARTICIPATING IN THE INSURER'S PROVIDER NETWORK. COVERAGE PROVIDED UNDER
22 THIS PARAGRAPH SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE
23 PROVIDED UNDER THIS PARAGRAPH SHALL ALSO NOT BE SUBJECT TO CONCURRENT
24 UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT
25 ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE INSURER OF BOTH THE
26 ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF THE
27 ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE
28 PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE INSURER TO ENSURE
29 THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL
30 REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF
31 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO THE AGE OF
32 THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS MEDICALLY NECES-
33 SARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT PROVIDED UNDER
34 THIS SUBPARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES PROVIDED DURING
35 SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES PROVIDED DURING THE
36 FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT. PROVIDED, HOWEVER, THE
37 INSURER SHALL ONLY DENY COVERAGE FOR ANY PORTION OF THE INITIAL FOURTEEN
38 DAY INPATIENT TREATMENT ON THE BASIS THAT SUCH TREATMENT WAS NOT
39 MEDICALLY NECESSARY IF SUCH INPATIENT TREATMENT WAS CONTRARY TO THE
40 EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE
41 INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE
42 ABUSE SERVICES. AN INSURED SHALL NOT HAVE ANY FINANCIAL OBLIGATION TO
43 THE FACILITY FOR ANY TREATMENT UNDER THIS SUBPARAGRAPH OTHER THAN ANY
44 COPAYMENT, COINSURANCE, OR DEDUCTIBLE OTHERWISE REQUIRED UNDER THE POLI-
45 CY.

46 S 2. Paragraph 6 of subsection (1) of section 3221 of the insurance
47 law, as amended by chapter 41 of the laws of 2014, is amended to read as
48 follows:

49 (6) (A) Every policy that provides hospital, major medical or similar
50 comprehensive coverage must provide inpatient coverage for the diagnosis
51 and treatment of substance use disorder, including detoxification and
52 rehabilitation services. Such INPATIENT COVERAGE SHALL INCLUDE UNLIMITED
53 MEDICALLY NECESSARY TREATMENT FOR SUBSTANCE USE DISORDER TREATMENT
54 SERVICES PROVIDED IN RESIDENTIAL SETTINGS AS REQUIRED BY THE MENTAL
55 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (29 U.S.C. S 1185A).
56 FURTHER, SUCH INPATIENT coverage shall not apply financial requirements

1 or treatment limitations, INCLUDING UTILIZATION REVIEW REQUIREMENTS, to
2 inpatient substance use disorder benefits that are more restrictive than
3 the predominant financial requirements and treatment limitations applied
4 to substantially all medical and surgical benefits covered by the poli-
5 cy. Further, such coverage shall be provided consistent with the feder-
6 al Paul Wellstone and Pete Domenici Mental Health Parity and Addiction
7 Equity Act of 2008 (29 U.S.C. S 1185a).

8 (B) Coverage provided under this paragraph may be limited to facili-
9 ties in New York state which are certified by the office of alcoholism
10 and substance abuse services and, in other states, to those which are
11 accredited by the joint commission as alcoholism, substance abuse or
12 chemical dependence treatment programs.

13 (C) Coverage provided under this paragraph may be subject to annual
14 deductibles and co-insurance as deemed appropriate by the superintendent
15 and that are consistent with those imposed on other benefits within a
16 given policy.

17 (D) THIS SUBPARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTI-
18 FIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE
19 PARTICIPATING IN THE INSURER'S PROVIDER NETWORK. COVERAGE PROVIDED UNDER
20 THIS PARAGRAPH SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE
21 PROVIDED UNDER THIS PARAGRAPH SHALL ALSO NOT BE SUBJECT TO CONCURRENT
22 UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT
23 ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE INSURER OF BOTH THE
24 ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF THE
25 ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE
26 PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE INSURER TO ENSURE
27 THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL
28 REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF
29 ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO THE AGE OF
30 THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS MEDICALLY NECES-
31 SARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT PROVIDED UNDER
32 THIS SUBPARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES PROVIDED DURING
33 SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES PROVIDED DURING THE
34 FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT. PROVIDED, HOWEVER, THE
35 INSURER SHALL ONLY DENY COVERAGE FOR ANY PORTION OF THE INITIAL FOURTEEN
36 DAY INPATIENT TREATMENT ON THE BASIS THAT SUCH TREATMENT WAS NOT
37 MEDICALLY NECESSARY IF SUCH INPATIENT TREATMENT WAS CONTRARY TO THE
38 EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE
39 INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE
40 ABUSE SERVICES. AN INSURED SHALL NOT HAVE ANY FINANCIAL OBLIGATION TO
41 THE FACILITY FOR ANY TREATMENT UNDER THIS SUBPARAGRAPH OTHER THAN ANY
42 COPAYMENT, COINSURANCE, OR DEDUCTIBLE OTHERWISE REQUIRED UNDER THE POLI-
43 CY.

44 S 3. Subsection (k) of section 4303 of the insurance law, as amended
45 by chapter 41 of the laws of 2014, is amended to read as follows:

46 (k)(1) Every contract that provides hospital, major medical or similar
47 comprehensive coverage must provide inpatient coverage for the diagnosis
48 and treatment of substance use disorder, including detoxification and
49 rehabilitation services. Such INPATIENT COVERAGE SHALL INCLUDE UNLIMIT-
50 ED MEDICALLY NECESSARY TREATMENT FOR SUBSTANCE USE DISORDER TREATMENT
51 SERVICES PROVIDED IN RESIDENTIAL SETTINGS AS REQUIRED BY THE MENTAL
52 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (29 U.S.C. S 1185A).
53 FURTHER, SUCH INPATIENT coverage shall not apply financial requirements
54 or treatment limitations, INCLUDING UTILIZATION REVIEW REQUIREMENTS, to
55 inpatient substance use disorder benefits that are more restrictive than
56 the predominant financial requirements and treatment limitations applied

1 to substantially all medical and surgical benefits covered by the
2 contract. Further, such coverage shall be provided consistent with the
3 federal Paul Wellstone and Pete Domenici Mental Health Parity and
4 Addiction Equity Act of 2008 (29 U.S.C. S 1185a).

5 (2) Coverage provided under this subsection may be limited to facili-
6 ties in New York state which are certified by the office of alcoholism
7 and substance abuse services and, in other states, to those which are
8 accredited by the joint commission as alcoholism, substance abuse, or
9 chemical dependence treatment programs.

10 (3) Coverage provided under this subsection may be subject to annual
11 deductibles and co-insurance as deemed appropriate by the superintendent
12 and that are consistent with those imposed on other benefits within a
13 given contract.

14 (4) THIS PARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTIFIED
15 BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE
16 PARTICIPATING IN THE CORPORATION'S PROVIDER NETWORK. COVERAGE PROVIDED
17 UNDER THIS SUBSECTION SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE
18 PROVIDED UNDER THIS SUBSECTION SHALL ALSO NOT BE SUBJECT TO CONCURRENT
19 UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT
20 ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE CORPORATION OF BOTH
21 THE ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF
22 THE ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE
23 PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE CORPORATION TO
24 ENSURE THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED
25 CLINICAL REVIEW TOOL UTILIZED BY THE CORPORATION WHICH IS DESIGNATED BY
26 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO
27 THE AGE OF THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS
28 MEDICALLY NECESSARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT
29 PROVIDED UNDER THIS PARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES
30 PROVIDED DURING SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES
31 PROVIDED DURING THE FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT.
32 PROVIDED, HOWEVER, THE CORPORATION SHALL ONLY DENY COVERAGE FOR ANY
33 PORTION OF THE INITIAL FOURTEEN DAY INPATIENT TREATMENT ON THE BASIS
34 THAT SUCH TREATMENT WAS NOT MEDICALLY NECESSARY IF SUCH INPATIENT TREAT-
35 MENT WAS CONTRARY TO THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL
36 REVIEW TOOL UTILIZED BY THE CORPORATION WHICH IS DESIGNATED BY THE
37 OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES. AN INSURED SHALL NOT
38 HAVE ANY FINANCIAL OBLIGATION TO THE FACILITY FOR ANY TREATMENT UNDER
39 THIS PARAGRAPH OTHER THAN ANY COPAYMENT, COINSURANCE, OR DEDUCTIBLE
40 OTHERWISE REQUIRED UNDER THE CONTRACT.

41 S 4. This act shall take effect on the first of January next succeed-
42 ing the date on which it shall have become a law and shall apply to
43 policies and contracts issued, renewed, modified, altered or amended on
44 and after such date.

45 PART C

46 Section 1. Subdivision 5 of section 3331 of the public health law, as
47 amended by chapter 965 of the laws of 1974, is amended to read as
48 follows:

49 5. (A) No more than a thirty day supply or, pursuant to regulations of
50 the commissioner enumerating conditions warranting specified greater
51 supplies, no more than a three month supply of a schedule II, III or IV
52 substance, as determined by the directed dosage and frequency of dosage,
53 may be dispensed by an authorized practitioner at one time.

(B) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVISION, A PRACTITIONER, WITHIN THE SCOPE OF HIS OR HER PROFESSIONAL OPINION OR DISCRETION, MAY NOT PRESCRIBE MORE THAN A SEVEN-DAY SUPPLY OF ANY SCHEDULE II, III, OR IV OPIOID TO AN ULTIMATE USER UPON THE INITIAL CONSULTATION OR TREATMENT OF SUCH USER FOR ACUTE PAIN. UPON ANY SUBSEQUENT CONSULTATIONS FOR THE SAME PAIN, THE PRACTITIONER MAY ISSUE, IN ACCORDANCE WITH PARAGRAPH (A) OF THIS SUBDIVISION, ANY APPROPRIATE RENEWAL, REFILL, OR NEW PRESCRIPTION FOR THE OPIOID OR ANY OTHER DRUG.

(C) FOR THE PURPOSES OF THIS SUBDIVISION, "ACUTE PAIN" SHALL MEAN PAIN, WHETHER RESULTING FROM DISEASE, ACCIDENTAL OR INTENTIONAL TRAUMA, OR OTHER CAUSE, THAT THE PRACTITIONER REASONABLY EXPECTS TO LAST ONLY A SHORT PERIOD OF TIME. SUCH TERM SHALL NOT INCLUDE CHRONIC PAIN, PAIN BEING TREATED AS PART OF CANCER CARE, HOSPICE OR OTHER END-OF-LIFE CARE, OR PAIN BEING TREATED AS PART OF PALLIATIVE CARE PRACTICES.

S 2. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 33 to read as follows:

(33) EVERY POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS SUBJECT TO A COPAYMENT SHALL CHARGE A COPAYMENT FOR A LIMITED INITIAL PRESCRIPTION OF AN OPIOID DRUG, WHICH IS PRESCRIBED IN ACCORDANCE WITH PARAGRAPH (B) OF SUBDIVISION FIVE OF SECTION THIRTY-THREE HUNDRED ONE OF THE PUBLIC HEALTH LAW, THAT IS EITHER (I) PROPORTIONAL BETWEEN THE COPAYMENT FOR A THIRTY-DAY SUPPLY AND THE AMOUNT OF DRUGS THE PATIENT WAS PRESCRIBED; OR (II) EQUIVALENT TO THE COPAYMENT FOR A FULL THIRTY-DAY SUPPLY OF THE OPIOID DRUG, PROVIDED THAT NO ADDITIONAL COPAYMENTS MAY BE CHARGED FOR ANY ADDITIONAL PRESCRIPTIONS FOR THE REMAINDER OF THE THIRTY-DAY SUPPLY.

S 3. Subsection (k) of section 3221 of the insurance law is amended by adding a new paragraph 21 to read as follows:

(21) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS SUBJECT TO A COPAYMENT SHALL CHARGE A COPAYMENT FOR A LIMITED INITIAL PRESCRIPTION OF AN OPIOID DRUG, WHICH IS PRESCRIBED IN ACCORDANCE WITH PARAGRAPH (B) OF SUBDIVISION FIVE OF SECTION THIRTY-THREE HUNDRED ONE OF THE PUBLIC HEALTH LAW, THAT IS EITHER (I) PROPORTIONAL BETWEEN THE COPAYMENT FOR A THIRTY-DAY SUPPLY AND THE AMOUNT OF DRUGS THE PATIENT WAS PRESCRIBED; OR (II) EQUIVALENT TO THE COPAYMENT FOR A FULL THIRTY-DAY SUPPLY OF THE OPIOID DRUG, PROVIDED THAT NO ADDITIONAL COPAYMENTS MAY BE CHARGED FOR ANY ADDITIONAL PRESCRIPTIONS FOR THE REMAINDER OF THE THIRTY-DAY SUPPLY.

S 4. Section 4303 of the insurance law is amended by adding a new subsection (qq) to read as follows:

(QQ) EVERY MEDICAL EXPENSE INDEMNITY CORPORATION, HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS SUBJECT TO A COPAYMENT SHALL CHARGE A COPAYMENT FOR A LIMITED INITIAL PRESCRIPTION OF AN OPIOID DRUG, WHICH IS PRESCRIBED IN ACCORDANCE WITH PARAGRAPH (B) OF SUBDIVISION FIVE OF SECTION THIRTY-THREE HUNDRED ONE OF THE PUBLIC HEALTH LAW, THAT IS EITHER (I) PROPORTIONAL BETWEEN THE COPAYMENT FOR A THIRTY-DAY SUPPLY AND THE AMOUNT OF DRUGS THE PATIENT WAS PRESCRIBED; OR (II) EQUIVALENT TO THE COPAYMENT FOR A FULL THIRTY-DAY SUPPLY OF THE OPIOID DRUG, PROVIDED THAT NO ADDITIONAL COPAYMENTS MAY BE CHARGED FOR ANY ADDITIONAL PRESCRIPTIONS FOR THE REMAINDER OF THE THIRTY-DAY SUPPLY.

S 5. Paragraph (c) of subdivision 6 of section 367-a of the social services law is amended by adding a new subparagraph (iv) to read as follows:

(IV) WHEN AN INDIVIDUAL IS INITIALLY DISPENSED OR PRESCRIBED A SEVEN OR FEWER DAYS SUPPLY OF AN OPIOID PURSUANT TO PARAGRAPH (B) OF SUBDIVI-

SION FIVE OF SECTION THREE THOUSAND THREE HUNDRED THIRTY-ONE OF THE PUBLIC HEALTH LAW, AND IS SUBSEQUENTLY DISPENSED OR PRESCRIBED AN ADDITIONAL SUPPLY OF SUCH OPIOID FOR THE SAME UNDERLYING CONDITION, THE TOTAL CO-PAYMENT THAT MAY BE CHARGED TO SUCH AN INDIVIDUAL FOR THE INITIAL PRESCRIPTION PLUS ALL SUBSEQUENT PRESCRIPTIONS FOR THE SAME UNDERLYING CONDITION FOR UP TO A TOTAL OF THIRTY-DAYS SUPPLY OF SUCH OPIOID SHALL NOT EXCEED THE AMOUNT SET FORTH IN SUBPARAGRAPH (III) OF THIS PARAGRAPH.

S 6. This act shall take effect on the thirtieth day after it shall have become a law; provided, that the amendments to paragraph (c) of subdivision 6 of section 367-a of the social services law made by section five of this act shall not affect the repeal of such paragraph and shall expire and be deemed repealed therewith.

PART D

Section 1. Section 19.09 of the mental hygiene law is amended by adding a new subdivision (j) to read as follows:

(J) (1) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, SHALL CREATE OR UTILIZE EXISTING EDUCATIONAL MATERIALS REGARDING THE DANGERS OF MISUSE AND THE POTENTIAL FOR ADDICTION TO PRESCRIPTION CONTROLLED SUBSTANCES, TREATMENT RESOURCES AVAILABLE, AND THE PROPER WAY TO DISPOSE OF UNUSED PRESCRIPTION CONTROLLED SUBSTANCES IN ACCORDANCE WITH PARAGRAPH TWO OF THIS SUBDIVISION.

(I) SUCH MATERIALS SHALL BE MADE AVAILABLE TO PHARMACIES REGISTERED IN THE STATE, AND SHALL BE DISTRIBUTED AT THE TIME OF DISPENSING WITH ANY PRESCRIBED DRUG THAT IS A CONTROLLED SUBSTANCE. INFORMATION DISSEMINATED PURSUANT TO THIS PARAGRAPH MAY, AT THE OPTION OF THE CONSUMER, BE DISTRIBUTED THROUGH ELECTRONIC MEANS.

(II) SUCH MATERIALS SHALL ALSO BE POSTED ON THE WEBSITE OF THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND OF THE DEPARTMENT OF HEALTH, AND SHALL BE PROVIDED IN LANGUAGES OTHER THAN ENGLISH AS DEEMED APPROPRIATE BY THE COMMISSIONERS, BUT SHALL INCLUDE THE TEN MOST COMMONLY SPOKEN LANGUAGES, ASIDE FROM ENGLISH, IN THE STATE.

(2) THE EDUCATIONAL MATERIALS REQUIRED IN PARAGRAPH ONE OF THIS SUBDIVISION SHALL INCLUDE THE FOLLOWING:

(A) THE RISKS OF USING OR CONSUMING SUCH CONTROLLED SUBSTANCES;

(B) THE PHYSICAL, BEHAVIORAL AND ADVANCED WARNING SIGNS OF ADDICTION TO SUCH CONTROLLED SUBSTANCES;

(C) THE HOPELINE TELEPHONE CONTRACT NUMBER (1-877-8-HOPE-NY) AND TEXT (HOPENY) FOR THE HOPELINE OPERATED BY THE OFFICE, OR ANY NUMBER THAT SUCCEEDS THE HOPELINE;

(D) THE PROCEDURES FOR THE SAFE DISPOSAL OF UNUSED CONTROLLED SUBSTANCES ESTABLISHED PURSUANT TO SECTION THIRTY-THREE HUNDRED FORTY-THREE-B OF THE PUBLIC HEALTH LAW; AND

(E) SUCH OTHER INFORMATION AS THE COMMISSIONER SHALL DETERMINE TO BE NECESSARY OR INFORMATIVE RELATING TO THE USE, CONSUMPTION OR ABUSE OF, OR ADDICTION TO CONTROLLED SUBSTANCES.

(3) A PHARMACY MAY ALSO PROVIDE ADDITIONAL INFORMATION REGARDING THE SAFE DISPOSAL OF CONTROLLED SUBSTANCES, INCLUDING BUT NOT LIMITED TO ANY DISPOSAL PROGRAM THAT SUCH PHARMACY IS OPERATING OR PARTICIPATING IN OUTSIDE OF THE PROGRAMS UNDER SECTION THIRTY-THREE HUNDRED FORTY-THREE-B OF THE PUBLIC HEALTH LAW.

S 2. Paragraphs (e) and (f) of subdivision 5 of section 3381 of the public health law, as amended by section 9-a of part B of chapter 58 of the laws of 2007, are amended to read as follows:

(e) A PHARMACY REGISTERED UNDER ARTICLE ONE HUNDRED THIRTY-SEVEN OF THE EDUCATION LAW MAY OFFER COUNSELING AND REFERRAL SERVICES TO CUSTOMERS PURCHASING HYPODERMIC SYRINGES FOR THE PURPOSE OF: PREVENTING INJECTION DRUG ABUSE; THE PROVISION OF DRUG TREATMENT; PREVENTING AND TREATING HEPATITIS C; PREVENTING DRUG OVERDOSE; TESTING FOR THE HUMAN IMMUNODEFICIENCY VIRUS; AND PROVIDING PRE-EXPOSURE PROPHYLAXIS AND NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS. THE CONTENT OF SUCH COUNSELING AND REFERRAL SHALL BE AT THE PROFESSIONAL DISCRETION OF THE PHARMACIST.

(F) The commissioner shall promulgate rules and regulations necessary to implement the provisions of this subdivision which shall include a requirement that such pharmacies, health care facilities and health care practitioners cooperate in a safe disposal of used hypodermic needles or syringes.

[(f)] (G) The commissioner may, upon the finding of a violation of this section, suspend for a determinate period of time the sale or furnishing of syringes by a specific entity.

S 3. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided, however, that effective immediately the office of alcoholism and substance abuse services may create the educational materials required pursuant to section one of this act.

S 2. Severability clause. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

S 3. This act shall take effect immediately provided, however, that the applicable effective date of Parts A through D of this act shall be as specifically set forth in the last section of such Parts.