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

8139

I N S E N A T E

June 13, 2016

Introduced by Sen. MURPHY -- (at request of the Governor) -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law, in relation to providing training in pain management for certain individuals (Part A); to amend the insurance law, in relation to providing coverage for medically necessary inpatient services for the diagnosis and treatment of substance abuse disorder (Part B); to amend the public health law, the social services law, and the insurance law, in relation to limiting initial prescriptions for opioids to a seven-day supply (Part C); and to amend the mental hygiene law and the public health law, in relation to the dissemination of information by pharmacists to customers regarding controlled substances and counseling for individuals purchasing syringes (Part D)

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

Section 1. This act enacts into law major components of legislation related to the treatment of heroin and opioid addictions. Each component is wholly contained within a Part identified as Parts A through D. The effective date for each particular provision contained within such Part is set forth in the last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes a reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Part in which it is found. Section three of this act sets forth the general effective date of this act.

PART A

Section 1. Section 3309-a of the public health law, as added by section 52 of part D of chapter 56 of the laws of 2012, subparagraphs (i), (ii), and (iii) of paragraph (b) of subdivision 2 as amended by and subparagraph (iv) of paragraph (b) of subdivision 2 as added by section

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

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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,

SPECIALTY, OR PROVIDER ASSOCIATION, OR NATIONALLY RECOGNIZED PAIN MANAGEMENT ASSOCIATION, MAY BE CONSIDERED IN IMPLEMENTING THIS SUBDIVISION.

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

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

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

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

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

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

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

[(i)] (A) Report to the commissioner regarding the development of recommendations and model courses for continuing medical education, refresher courses and other training materials for licensed health care professionals on appropriate use of prescription pain medication. Such recommendations, model courses and other training materials shall be submitted to the commissioner, who shall make such information available for the use in medical education, residency programs, fellowship programs, and for use in continuing medication education programs no later than January first, two thousand thirteen. Such recommendations also shall include recommendations on: [(A)] (I) educational and continuing medical education requirements for practitioners appropriate to address prescription pain medication awareness among health care professionals; [(B)] (II) continuing education requirements for pharmacists 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

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

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

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

(D) THIS SUBPARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE PARTICIPATING IN THE INSURER'S PROVIDER NETWORK. COVERAGE PROVIDED UNDER THIS PARAGRAPH SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE PROVIDED UNDER THIS PARAGRAPH SHALL ALSO NOT BE SUBJECT TO CONCURRENT UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE INSURER OF BOTH THE ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF THE ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE INSURER TO ENSURE THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO THE AGE OF THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS MEDICALLY NECESSARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT PROVIDED UNDER THIS SUBPARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES PROVIDED DURING SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES PROVIDED DURING THE FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT. PROVIDED, HOWEVER, THE INSURER SHALL ONLY DENY COVERAGE FOR ANY PORTION OF THE INITIAL FOURTEEN DAY INPATIENT TREATMENT ON THE BASIS THAT SUCH TREATMENT WAS NOT MEDICALLY NECESSARY IF SUCH INPATIENT TREATMENT WAS CONTRARY TO THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES. AN INSURED SHALL NOT HAVE ANY FINANCIAL OBLIGATION TO THE FACILITY FOR ANY TREATMENT UNDER THIS SUBPARAGRAPH OTHER THAN ANY COPAYMENT, COINSURANCE, OR DEDUCTIBLE OTHERWISE REQUIRED UNDER THE POLICY.

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

(6) (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 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (29 U.S.C. S 1185A). FURTHER, SUCH INPATIENT coverage shall not apply financial requirements

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

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

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

(D) THIS SUBPARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE PARTICIPATING IN THE INSURER'S PROVIDER NETWORK. COVERAGE PROVIDED UNDER THIS PARAGRAPH SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE PROVIDED UNDER THIS PARAGRAPH SHALL ALSO NOT BE SUBJECT TO CONCURRENT UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE INSURER OF BOTH THE ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF THE ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE INSURER TO ENSURE THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO THE AGE OF THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS MEDICALLY NECESSARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT PROVIDED UNDER THIS SUBPARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES PROVIDED DURING SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES PROVIDED DURING THE FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT. PROVIDED, HOWEVER, THE INSURER SHALL ONLY DENY COVERAGE FOR ANY PORTION OF THE INITIAL FOURTEEN DAY INPATIENT TREATMENT ON THE BASIS THAT SUCH TREATMENT WAS NOT MEDICALLY NECESSARY IF SUCH INPATIENT TREATMENT WAS CONTRARY TO THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE INSURER WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES. AN INSURED SHALL NOT HAVE ANY FINANCIAL OBLIGATION TO THE FACILITY FOR ANY TREATMENT UNDER THIS SUBPARAGRAPH OTHER THAN ANY COPAYMENT, COINSURANCE, OR DEDUCTIBLE OTHERWISE REQUIRED UNDER THE POLICY.

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

(k)(1) Every contract 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 HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (29 U.S.C. S 1185A). FURTHER, SUCH INPATIENT coverage shall not apply financial requirements or treatment limitations, INCLUDING UTILIZATION REVIEW REQUIREMENTS, to inpatient substance use disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied

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

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

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

(4) THIS PARAGRAPH SHALL APPLY TO FACILITIES IN THIS STATE CERTIFIED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES THAT ARE PARTICIPATING IN THE CORPORATION'S PROVIDER NETWORK. COVERAGE PROVIDED UNDER THIS SUBSECTION SHALL NOT BE SUBJECT TO PREAUTHORIZATION. COVERAGE PROVIDED UNDER THIS SUBSECTION SHALL ALSO NOT BE SUBJECT TO CONCURRENT UTILIZATION REVIEW DURING THE FIRST FOURTEEN DAYS OF THE INPATIENT ADMISSION PROVIDED THAT THE FACILITY NOTIFIES THE CORPORATION OF BOTH THE ADMISSION AND THE INITIAL TREATMENT PLAN WITHIN FORTY-EIGHT HOURS OF THE ADMISSION. THE FACILITY SHALL PERFORM DAILY CLINICAL REVIEW OF THE PATIENT, INCLUDING THE PERIODIC CONSULTATION WITH THE CORPORATION TO ENSURE THAT THE FACILITY IS USING THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE CORPORATION WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES AND APPROPRIATE TO THE AGE OF THE PATIENT, TO ENSURE THAT THE INPATIENT TREATMENT IS MEDICALLY NECESSARY FOR THE PATIENT. ANY UTILIZATION REVIEW OF TREATMENT PROVIDED UNDER THIS PARAGRAPH MAY INCLUDE A REVIEW OF ALL SERVICES PROVIDED DURING SUCH INPATIENT TREATMENT, INCLUDING ALL SERVICES PROVIDED DURING THE FIRST FOURTEEN DAYS OF SUCH INPATIENT TREATMENT. PROVIDED, HOWEVER, THE CORPORATION SHALL ONLY DENY COVERAGE FOR ANY PORTION OF THE INITIAL FOURTEEN DAY INPATIENT TREATMENT ON THE BASIS THAT SUCH TREATMENT WAS NOT MEDICALLY NECESSARY IF SUCH INPATIENT TREATMENT WAS CONTRARY TO THE EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW TOOL UTILIZED BY THE CORPORATION WHICH IS DESIGNATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES. AN INSURED SHALL NOT HAVE ANY FINANCIAL OBLIGATION TO THE FACILITY FOR ANY TREATMENT UNDER THIS PARAGRAPH OTHER THAN ANY COPAYMENT, COINSURANCE, OR DEDUCTIBLE OTHERWISE REQUIRED UNDER THE CONTRACT.

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

PART C

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

5. (A) No more than a thirty day supply or, pursuant to regulations of the commissioner enumerating conditions warranting specified greater supplies, no more than a three month supply of a schedule II, III or IV substance, as determined by the directed dosage and frequency of dosage, 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.