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## PART B

2 Section 1. Subdivision 6 of section 3309 of the public health law, as  
3 added by a chapter of the laws of 2016 amending the public health law  
4 relating to reporting of opioid overdose data, as proposed in legisla-  
5 tive bills numbers S.6516-A and A.9251-A, is amended to read as follows:

6 6. The commissioner shall provide the current information and data  
7 specified in subdivision five of this section to each county [on a  
8 monthly basis] EVERY THREE MONTHS. Such information and data may be  
9 utilized by a county or any combination thereof as it works to address  
10 the opioid epidemic.

11 S 2. This act shall take effect on the same date and in the same  
12 manner as a chapter of the laws of 2016 amending the public health law  
13 relating to reporting of opioid overdose data, as proposed in legisla-  
14 tive bills numbers S.6516-A and A.9251-A, takes effect; provided that  
15 the amendments to subdivision 6 of section 3309 of the public health  
16 law, made by section one of this act, shall not affect the expiration of  
17 such subdivision, and shall be deemed repealed therewith.

18

## PART C

19 Section 1. The public health law is amended by adding a new section  
20 2803-u to read as follows:

21 S 2803-U. HOSPITAL SUBSTANCE USE DISORDER POLICIES AND PROCEDURES. 1.  
22 THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, IN CONSULTATION  
23 WITH THE DEPARTMENT, SHALL DEVELOP OR UTILIZE EXISTING EDUCATIONAL MATE-  
24 RIALS TO BE PROVIDED TO GENERAL HOSPITALS TO DISSEMINATE TO INDIVIDUALS  
25 WITH A DOCUMENTED SUBSTANCE USE DISORDER OR WHO APPEAR TO HAVE OR BE AT  
26 RISK FOR A SUBSTANCE USE DISORDER DURING DISCHARGE PLANNING PURSUANT TO  
27 SECTION TWENTY-EIGHT HUNDRED THREE-I OF THIS CHAPTER. SUCH MATERIALS  
28 SHALL INCLUDE INFORMATION REGARDING THE VARIOUS TYPES OF TREATMENT AND  
29 RECOVERY SERVICES, INCLUDING BUT NOT LIMITED TO: INPATIENT, OUTPATIENT,  
30 AND MEDICATION-ASSISTED TREATMENT; HOW TO RECOGNIZE THE NEED FOR TREAT-  
31 MENT SERVICES; INFORMATION FOR INDIVIDUALS TO DETERMINE WHAT TYPE AND  
32 LEVEL OF TREATMENT IS MOST APPROPRIATE AND WHAT RESOURCES ARE AVAILABLE  
33 TO THEM; AND ANY OTHER INFORMATION THE COMMISSIONER DEEMS APPROPRIATE.

34 2. EVERY GENERAL HOSPITAL SHALL: (A) WITHIN EXISTING OR IN ADDITION TO  
35 CURRENT POLICIES AND PROCEDURES, DEVELOP, MAINTAIN AND DISSEMINATE,  
36 WRITTEN POLICIES AND PROCEDURES, FOR THE IDENTIFICATION, ASSESSMENT AND  
37 REFERRAL OF INDIVIDUALS WITH A DOCUMENTED SUBSTANCE USE DISORDER OR WHO  
38 APPEAR TO HAVE OR BE AT RISK FOR A SUBSTANCE USE DISORDER AS DEFINED IN  
39 SECTION 1.03 OF THE MENTAL HYGIENE LAW;

40 (B) ESTABLISH AND IMPLEMENT TRAINING, WITHIN EXISTING OR IN ADDITION  
41 TO CURRENT TRAINING PROGRAMS, FOR ALL INDIVIDUALS LICENSED OR CERTIFIED  
42 PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW WHO PROVIDE DIRECT PATIENT  
43 CARE REGARDING THE POLICIES AND PROCEDURES ESTABLISHED PURSUANT TO THIS  
44 SECTION; AND

45 (C) EXCEPT WHERE AN INDIVIDUAL HAS COME INTO THE HOSPITAL UNDER  
46 SECTION 22.09 OF THE MENTAL HYGIENE LAW, IF THE HOSPITAL DOES NOT  
47 DIRECTLY PROVIDE SUBSTANCE USE DISORDER SERVICES, THEN IT SHALL REFER  
48 INDIVIDUALS IN NEED OF SUBSTANCE USE DISORDER SERVICES TO AND COORDINATE  
49 WITH SUBSTANCE USE DISORDER SERVICES PROGRAMS THAT PROVIDE BEHAVIORAL  
50 HEALTH SERVICES, AS DEFINED IN SECTION 1.03 OF THE MENTAL HYGIENE LAW.

51 3. UPON COMMENCEMENT OF TREATMENT, ADMISSION, OR DISCHARGE OF AN INDI-  
52 VIDUAL WITH A DOCUMENTED SUBSTANCE USE DISORDER OR WHO APPEARS TO HAVE  
53 OR BE AT RISK FOR A SUBSTANCE USE DISORDER, INCLUDING DISCHARGE FROM THE

1 EMERGENCY DEPARTMENT, SUCH HOSPITAL SHALL INFORM THE INDIVIDUAL OF THE  
2 AVAILABILITY OF THE SUBSTANCE USE DISORDER TREATMENT SERVICES THAT MAY  
3 BE AVAILABLE TO THEM THROUGH A SUBSTANCE USE DISORDER SERVICES PROGRAM.

4 4. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF THE  
5 OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, SHALL MAKE REGU-  
6 LATIONS AS MAY BE NECESSARY AND PROPER TO CARRY OUT THE PROVISIONS OF  
7 THIS SECTION.

8 S 2. This act shall take effect on the one hundred eightieth day after  
9 it shall have become a law; provided, however, that the commissioner of  
10 health and the commissioner of alcoholism and substance abuse services  
11 shall make regulations and take other actions reasonably necessary to  
12 implement this act on such date.

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

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