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

355

2015-2016 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2015

Introduced by M. of A. ROSENTHAL, GOTTFRIED, ORTIZ, HOOPER -- Multi-Sponsored by -- M. of A. CLARK, DINOWITZ, DiPIETRO, PERRY, RIVERA -- read once and referred 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:

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 and subparagraph (iv) of paragraph (b) of subdivision 2 as added by section 1 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

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

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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. THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION, SHALL ESTABLISH STANDARDS, AND REVIEW AND IMPLEMENT REQUIREMENTS FOR THE PERFORMANCE OF CONTINUING MEDICAL EDUCATION ON PAIN MANAGEMENT, PALLIATIVE CARE AND ADDICTION. EVERY HEALTH CARE PROFESSIONAL LICENSED, REGISTERED OR CERTIFIED UNDER TITLE EIGHT OF THE EDUCATION LAW TO TREAT HUMANS AND 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, SHALL, EVERY TWO YEARS, COMPLETE THREE HOURS OF COURSE WORK AS SET FORTH IN THIS SECTION; PROVIDED, HOWEVER, THAT SAID HOURS SHALL BE DEEMED TO COUNT TOWARD THE PROFESSIONAL'S OBLIGATION FOR BOARD CERTIFICATION.

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

(B) CURRICULA SHALL INCLUDE, BUT NOT BE LIMITED TO: I-STOP AND DRUG ENFORCEMENT ADMINISTRATION 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.

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

(I) THERE WOULD BE NO NEED FOR HIM OR HER TO COMPLETE SUCH COURSE WORK OR TRAINING BECAUSE OF THE NATURE, AREA OR SPECIALTY OF HIS OR HER PRACTICE; OR

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

(D) THE COMMISSIONER, IN CONSULTATION WITH THE COMMISSIONER OF EDUCATION AND STAKEHOLDERS SHALL REPORT TO THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY AND THE CHAIRS OF THE HEALTH AND HIGHER EDUCATION COMMITTEES NO LATER THAN THREE YEARS AFTER THE EFFECTIVE DATE OF THIS SUBDIVISION ON THE SUCCESS AND IMPACT OF THIS SECTION AND ANY RECOMMENDATIONS.

[(b)] 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 effect one year after it shall have become a law and shall expire and be deemed repealed 4 years after such date. Provided, however, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date is authorized and directed to be made and completed on or before such effective date.