

# STATE OF NEW YORK

8384--A

2017-2018 Regular Sessions

## IN ASSEMBLY

June 12, 2017

Introduced by M. of A. THIELE -- read once and referred to the Committee on Alcoholism and Drug Abuse -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, in relation to opioid overdose reversal and peer to peer support services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The mental hygiene law is amended by adding a new section  
2 19.18-b to read as follows:

3 § 19.18-b Substance use disorder peer to peer support services program.

4 1. For purposes of this subdivision "peer to peer support services"  
5 means participant-centered services that emphasize knowledge and wisdom  
6 through lived experience in which peers are encouraged to share their  
7 own personal experience and first-hand knowledge of substance abuse,  
8 addiction, and recovery to support the recovery goals of individuals who  
9 use drugs and/or alcohol.

10 2. The commissioner, in consultation with the department of health  
11 shall develop and administer a certification process and standards of  
12 training and competency for substance use disorder peer support  
13 services.

14 3. Certified peer to peer support services shall include but not be  
15 limited to:

16 (a) developing recovery plans;

17 (b) raising awareness of existing social and other support services;

18 (c) modeling coping skills;

19 (d) assisting with applying for benefits;

20 (e) accompanying clients to medical appointments;

21 (f) providing non-clinical crisis support, especially after periods of  
22 hospitalization or incarceration;

23 (g) accompanying clients to court appearances and other appointments;

24 (h) working with participants to identify strengths;

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

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1 (i) linking participants to formal recovery supports, including, but  
2 not limited to, medication assisted treatment;

3 (j) educating program participants about various modes of recovery,  
4 including, but not limited to, medication assisted treatment;

5 (k) peer engagement coordination with hospital emergency services to  
6 assist any patient that has been administered an opioid antagonist by a  
7 medical provider to establish connections to treatment, including, but  
8 not limited to, medication assisted treatment and other supports after  
9 an opioid overdose reversal or after discharge from another substance  
10 abuse related emergency department visit; and

11 (l) peer engagement coordination with law enforcement departments,  
12 fire departments and other first responder departments to assist any  
13 individual that has been administered an opioid antagonist by a first  
14 responder to establish connections to treatment, including, but not  
15 limited to, medication assisted treatment and other support services  
16 after an opioid overdose reversal.

17 § 2. This act shall take effect immediately; provided, however, that  
18 effective immediately, the addition, amendment and/or repeal of any rule  
19 or regulation necessary for the implementation of this act on its effec-  
20 tive date are authorized and directed to be made and completed on or  
21 before such effective date.