STATE OF NEW YORK

2639

2017-2018 Regular Sessions

IN SENATE

January 13, 2017

Introduced by Sen. LANZA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to requiring hospital and emergency room physicians to notify a patient's prescriber that such patient is being treated for a controlled substance overdose

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

Section 1. Paragraphs (i) and (j) of subdivision 1 of section 3371 of the public health law, as added by section 4 of part A of chapter 447 of the laws of 2012, are amended to read as follows:

(i) to a medical examiner or coroner who is an officer of or employed by a state or local government, pursuant to his or her official duties; [~~and~~]

(j) to an individual for the purpose of providing such individual with his or her own controlled substance history or, in appropriate circumstances, in the case of a patient who lacks capacity to make health care decisions, a person who has legal authority to make such decisions for the patient and who would have legal access to the patient's health care records, if requested from the department pursuant to subdivision six of section thirty-three hundred forty-three-a of this article or from a treating practitioner pursuant to subparagraph (iv) of paragraph (a) of subdivision two of this section**; and**

(k) to a practitioner to inform him or her that a patient is under treatment for a controlled substance overdose by hospital or emergency room practitioner for the purposes of subdivision two of this section.

§ 2. Paragraph (a) of subdivision 2 of section 3371 of the public health law, as amended by chapter 90 of the laws of 2014, is amended to read as follows:

(a) a practitioner, or a designee authorized by such practitioner pursuant to paragraph (b) of subdivision two of section thirty-three hundred forty-three-a or section thirty-three hundred sixty-one of this article, for the purposes of: (i) informing the practitioner that a patient may be under treatment with a controlled substance by another practitioner **or that a patient is under treatment for a controlled**

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

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substance overdose; (ii) providing the practitioner with notifications of controlled substance activity as deemed relevant by the department, including but not limited to a notification made available on a monthly or other periodic basis through the registry of controlled substances activity pertaining to his or her patient; (iii) allowing the practitioner, through consultation of the prescription monitoring program registry, to review his or her patient's controlled substances history as required by section thirty-three hundred forty-three-a or section thirty-three hundred sixty-one of this article; and (iv) providing to his or her patient, or person authorized pursuant to paragraph (j) of subdivision one of this section, upon request, a copy of such patient's controlled substance history as is available to the practitioner through the prescription monitoring program registry; or

§ 3. Paragraph (a) of subdivision 2 of section 3371 of the public health law, as added by section 5 of part A of chapter 447 of the laws of 2012, is amended to read as follows:

(a) a practitioner, or a designee authorized by such practitioner pursuant to paragraph (b) of subdivision two of section thirty-three hundred forty-three-a of this article, for the purposes of: (i) informing the practitioner that a patient may be under treatment with a controlled substance by another practitioner **or that a patient is under treatment for a controlled substance overdose**; (ii) providing the practitioner with notifications of controlled substance activity as deemed relevant by the department, including but not limited to a notification made available on a monthly or other periodic basis through the registry of controlled substances activity pertaining to his or her patient; (iii) allowing the practitioner, through consultation of the prescription monitoring program registry, to review his or her patient's controlled substances history as required by section thirty-three hundred forty-three-a of this article; and (iv) providing to his or her patient, or person authorized pursuant to paragraph (j) of subdivision one of this section, upon request, a copy of such patient's controlled substance history as is available to the practitioner through the prescription monitoring program registry; or

§ 4. The opening paragraph of paragraph (a) of subdivision 2 of section 3343-a of the public health law, as added by section 2 of part A of chapter 447 of the laws of 2012, is amended to read as follows:

Every practitioner shall consult the prescription monitoring program registry prior to prescribing or dispensing any controlled substance listed on schedule II, III or IV of section thirty-three hundred six of this article, for the purpose of reviewing a patient's controlled substance history as set forth in such registry **and every emergency room or hospital practitioner shall consult the prescription monitoring program registry when treating a patient for a controlled substance overdose and shall notify the patient's prescriber of such overdose**; provided, however, that nothing in this section shall preclude an authorized practitioner, other than a veterinarian, from consulting the registry at his or her option prior to prescribing or dispensing any controlled substance. The duty to consult the registry shall not apply to:

§ 5. This act shall take effect immediately; provided, however, that the amendments to paragraph (a) of subdivision 2 of section 3371 of the public health law as amended by section two of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 12 of chapter 90 of the laws of 2014, as amended, when upon such date the provisions of section three of this act shall take effect.