STATE OF NEW YORK

6509--A

Cal. No. 1671

2017-2018 Regular Sessions

IN SENATE

May 30, 2017

Introduced by Sens. JACOBS, O'MARA, PHILLIPS, RITCHIE -- read twice and ordered printed, and when printed to be committed to the Committee on Alcoholism and Drug Abuse -- committee discharged and said bill committed to the Committee on Rules -- ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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:

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

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

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

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

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

(a) developing recovery plans;

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

(c) modeling coping skills;

(d) assisting with applying for benefits;

(e) accompanying clients to medical appointments;

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

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

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

(h) working with participants to identify strengths;

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

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

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

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

§ 2. This act shall take effect immediately; 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 are authorized and directed to be made and completed on or before such effective date.