

# 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:

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

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

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

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

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

22 (a) a practitioner, or a designee authorized by such practitioner  
23 pursuant to paragraph (b) of subdivision two of section thirty-three  
24 hundred forty-three-a or section thirty-three hundred sixty-one of this  
25 article, for the purposes of: (i) informing the practitioner that a  
26 patient may be under treatment with a controlled substance by another  
27 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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1 substance overdose; (ii) providing the practitioner with notifications  
2 of controlled substance activity as deemed relevant by the department,  
3 including but not limited to a notification made available on a monthly  
4 or other periodic basis through the registry of controlled substances  
5 activity pertaining to his or her patient; (iii) allowing the practi-  
6 tioner, through consultation of the prescription monitoring program  
7 registry, to review his or her patient's controlled substances history  
8 as required by section thirty-three hundred forty-three-a or section  
9 thirty-three hundred sixty-one of this article; and (iv) providing to  
10 his or her patient, or person authorized pursuant to paragraph (j) of  
11 subdivision one of this section, upon request, a copy of such patient's  
12 controlled substance history as is available to the practitioner through  
13 the prescription monitoring program registry; or

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

17 (a) a practitioner, or a designee authorized by such practitioner  
18 pursuant to paragraph (b) of subdivision two of section thirty-three  
19 hundred forty-three-a of this article, for the purposes of: (i) inform-  
20 ing the practitioner that a patient may be under treatment with a  
21 controlled substance by another practitioner or that a patient is under  
22 treatment for a controlled substance overdose; (ii) providing the prac-  
23 titioner with notifications of controlled substance activity as deemed  
24 relevant by the department, including but not limited to a notification  
25 made available on a monthly or other periodic basis through the registry  
26 of controlled substances activity pertaining to his or her patient;  
27 (iii) allowing the practitioner, through consultation of the  
28 prescription monitoring program registry, to review his or her patient's  
29 controlled substances history as required by section thirty-three  
30 hundred forty-three-a of this article; and (iv) providing to his or her  
31 patient, or person authorized pursuant to paragraph (j) of subdivision  
32 one of this section, upon request, a copy of such patient's controlled  
33 substance history as is available to the practitioner through the  
34 prescription monitoring program registry; or

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

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

51 § 5. This act shall take effect immediately; provided, however, that  
52 the amendments to paragraph (a) of subdivision 2 of section 3371 of the  
53 public health law as amended by section two of this act shall be subject  
54 to the expiration and reversion of such subdivision pursuant to section  
55 12 of chapter 90 of the laws of 2014, as amended, when upon such date  
56 the provisions of section three of this act shall take effect.