STATE OF NEW YORK

7285--A

2019-2020 Regular Sessions

IN ASSEMBLY

April 18, 2019

Introduced by M. of A. L. ROSENTHAL -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring health practitioners to discuss with patients the risks associated with certain pain medications before prescribing such medications; and in relation to opioid analgesic prescriptions

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

Section 1. The public health law is amended by adding a new section 3309-b to read as follows:

§ 3309-b. Practitioner and patient discussions; opioid prescriptions. 1. Prior to issuing the initial prescription of a Schedule II controlled substance for the treatment of pain or any other opioid drug which is a prescription drug for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under eighteen years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to:

(a) the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;

(b) the reasons why the prescription is necessary;

(c) alternative treatments that may be available; and

(d) the risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiaze-

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

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pines or alcohol with opioids, can result in fatal respiratory depression.

2. The department shall develop and make available to practitioners guidelines for the discussion required by this section.

§ 2. The public health law is amended by adding a new section 3309-c to read as follows:

§ 3309-c. Opioid analgesic prescription. 1. For the first opioid analgesic prescription of a calendar year that is greater than a one week's supply, the prescribing physician shall counsel the patient on the risks of overdose, and inform the patient of the availability of an opioid antagonist, including, but not limited to, naloxone.

2. For the purposes of this section, the following terms shall have the following meanings:

(a) "Opioid analgesics" means the medicines buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, nalbuphine, oxycodone, oxymorphone, pentazocine, propoxyphene as well as their brand names, isomers and combinations.

(b) "Opioid antagonist" means an FDA-approved drug that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body. The opioid antagonist is limited to naloxone or other medications approved by the department for this purpose.

§ 3. This act shall take effect on the one hundred twentieth day after it shall have become a law. 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 to be made and completed on or before such effective date.