STATE OF NEW YORK

8933

IN ASSEMBLY

January 2, 2020

Introduced by M. of A. L. ROSENTHAL -- read once and referred to the Committee on Health

AN ACT to direct the department of health, in cooperation with various state offices and agencies to study, evaluate, and make recommendations concerning the prescribing and treatment history of persons in this state who suffered fatal and nonfatal opiate overdoses

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

Section 1. Study of the prescribing and treatment history of persons in this state who suffered fatal and nonfatal opiate overdoses. 1. Definitions. For the purposes of this section:

a. "Multiple provider episodes" shall mean a single patient having access to opiate prescriptions from more than one provider.

b. "Poly-substance access" shall mean a patient having simultaneous prescriptions for an opiate and a benzodiazepine or for an opiate and another drug which may enhance the effects or the risks of drug abuse or overdose.

c. "Provider" shall include any individual practicing medicine as defined in section 6521 of the education law.

2. Study. The department of health, in cooperation with the department of corrections and community supervision, the office of addiction services and supports, and the office of mental health, shall conduct a study of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons in this state who suffered fatal or nonfatal opiate overdoses beginning in the calendar years 2011 to 2019 and yearly thereafter. Such study shall, with regard to such persons, conduct or provide for an examination of:

a. instances of multiple provider episodes;

b. instances of poly-substance access;

c. the overall opiate prescription history of individuals, including whether such individuals had access to legal prescriptions for opiate drugs at the time of their overdoses;

d. whether individuals had previously undergone voluntary or involuntary treatment for substance addiction or behavioral health;

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

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e. whether individuals had attempted to enter but were denied access to treatment for substance addiction or behavioral health;

f. whether individuals had received past treatment for a substance overdose; and

g. whether any individuals had been previously detained or incarcerated and, if so, whether such individuals had received treatment during such detention or incarceration.

3. Report. No later than one year after the effective date of this act, the department of health, in cooperation with the department of corrections and community supervision, the office of addiction services and supports, and the office of mental health, shall deliver a report in an aggregate and de-identified form on trends discovered through the study conducted pursuant to subdivision two of this section to the governor, the temporary president of the senate, and the speaker of the assembly. The reports for the calendar year 2019 shall be completed and delivered to the governor, the temporary president of the senate and the speaker of the assembly by December 31, 2020. For future calendar years, the report shall be completed and delivered to such persons on or before December 31 of the following year.

4. Powers. All other departments or agencies of the state or subdivisions thereof, and local governments shall, at the request of the commissioner of health, the commissioner of corrections and community supervision, the commissioner of the office of addiction services and supports, or the commissioner of the office of mental health, or at the request of the designee of any such commissioner, provide expertise, assistance, and/or data that is relevant or material to the completion of the study directed to be completed by subdivision two of this section and the report directed to be completed by subdivision three of this section.

§ 2. This act shall take effect immediately.