## STATE OF NEW YORK

833

2019-2020 Regular Sessions

## IN ASSEMBLY

January 11, 2019

Introduced by M. of A. L. ROSENTHAL, COOK, SIMON, LAVINE, DICKENS, TAYLOR, D'URSO, SEAWRIGHT, GOTTFRIED, ARROYO, RIVERA, CRESPO -- read once and referred to the Committee on Correction

AN ACT to amend the correction law, in relation to the establishment of a program for the use of medication assisted treatment for inmates; and to amend the mental hygiene law, in relation to the implementation of substance use disorder treatment and transition services in jails

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

1	Section 1. The correction law is amended by adding a new section 625
2	to read as follows:
3	<u>§ 625. Medication assisted treatment in correctional facilities. 1.</u>
4	For purposes of this section "medication assisted treatment" means
5	treatment of chemical dependence or abuse and concomitant conditions
6	with medications requiring a prescription or order from an authorized
7	prescribing professional.
8	2. (a) The commissioner, in conjunction with the office of alcoholism
9	and substance abuse services, shall establish a program to be adminis-
10	tered at correctional facilities within the department in the state, for
11	the purpose of employing medication assisted treatment for inmates in
12	such facilities who are undergoing treatment for a substance use disor-
13	der. Such program shall include all forms of medication assisted treat-
14	ments approved for the treatment of a substance use disorder by the
15	Federal Food and Drug Administration for the duration of an inmate's
16	incarceration and shall provide an individualized treatment plan for
17	each participant. After a medical screening, inmates who are determined
18	to suffer from a substance use disorder, for which FDA approved
19	addiction medications exist shall be offered placement in the medication
20	assisted treatment program. Placement in such program shall not be
21	mandatory. Each participating inmate shall work with an authorized
22	specialist to determine an individualized treatment plan, including an
23	appropriate level of counseling. Decisions regarding type, dosage, or
24	duration of any medication regimen shall be made by a qualified health
25	care professional licensed or certified under title eight of the educa-

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

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1	tion law who is authorized to administer such medication in conjunction
2	with the inmate.
3	(b) i. Such program shall also include conditions for a reentry strat-
4	eqy for inmates who have participated in medication assisted treatment.
5	Such strategy shall include, but not be limited to, providing each
6	participating inmate with information on available treatment facilities
7	in their area, information on available housing and employment
8	resources, and any other information that will assist the inmate in
9	continued recovery once released. Such program shall also assist the
10	inmate in Medicaid enrollment, prior to release.
11	<u>ii. Such program shall provide participating inmates preparing for</u>
12	release from prison with a one-week supply of any necessary medication,
13	where permissible under federal laws and regulations to continue their
$14^{13}$	medication assisted treatment in an effort to prevent relapse.
$15^{11}$	(c) Reentry planning and community supervision should include a colla-
16	borative relationship between clinical and parole staff including shar-
	ing of accurate information regarding the inmate's participation in
17 10	
18	medication assisted treatment to ensure that their medication is not
19	deemed illicit or illegal. Additionally, procedures shall be developed
20	to assist any reentrant who communicates a relapse with their parole
21	officer or who fails a drug test, to receive substance use disorder
22	support in lieu of arrest and/or incarceration.
23	3. The commissioner shall submit within one year of the effective date
24	of this section and annually thereafter, a report to the governor, the
25	temporary president of the senate and the speaker of the assembly on the
26	effectiveness of the program established pursuant to this section. Such
27	reports shall include an analysis of the impact of such program on the
28	participating inmates, including factors such as institutional adjust-
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1 2 3	§ 3. The mental hygiene law is amended by adding a new section 19.18-c to read as follows: § 19.18-c Corrections-based substance use disorder treatment and transi-
4	tion services.
5	1. The commissioner, in consultation with local governmental units,
6	county sheriffs, the New York city department of corrections and other
7	stakeholders, shall implement a jail-based substance use disorder treat-
8	ment and transition services program that supports the initiation, oper-
9	ation and enhancement of substance use disorder treatment and transition
10	services for persons with substance use disorder who are incarcerated in
11	jails.
12	2. The services to be provided by such program shall be in accordance
13	with plans developed by participating local governmental units, in
14	collaboration with county sheriffs and approved by the commissioner and
15	shall include, but not be limited to, the following:
16	(a) Alcohol, benzodiazepine, heroin and opioid withdrawal management;
17	(b) All forms of medication assisted treatments approved for the
18	treatment of a substance use disorder by the Federal Food and Drug
19	Administration. Decisions regarding type, dosage, or duration of any
20	medication regimen shall be made by a qualified health care professional
21	licensed or certified under title eight of the education law who is
22	authorized to administer such medication in conjunction with the inmate;
23	(c) Group and individual counseling and clinical support;
24	(d) Peer support;
25	(e) Discharge planning; and
26	(f) Re-entry and transitional supports.
27	3. (a) After a medical screening, inmates who are determined to suffer
28	from a substance use disorder for which medication assisted treatment
29	exists shall be offered placement in the medication assisted treatment
30	program. Placement in such program shall not be mandatory.
31	(b) Participation in the medication assisted treatment program shall
32	not be unreasonably withheld from a qualified inmate. An inmate using
33	medication assisted treatment prior to such inmate's incarceration shall
34	be eligible to, upon request by such inmate, continue such treatment in
35	the medication assisted treatment program for any period of time during
36	the duration of such inmate's incarceration.
37	(c) No person shall be denied participation in the program on the
38	basis of a positive drug screening upon entering custody or upon intake
39	into the program; nor shall any person receive a disciplinary infraction
40	for such positive drug screening. No person shall be removed from, or
41	denied participation in the program on the basis of having received any
42	disciplinary infraction: (1) before entry into the program; or (2)
43	during participation in the program.
44	4. Within amounts appropriated therefor, funding shall be made avail-
45	able pursuant to criteria established by the office of alcoholism and
46	substance abuse services in consultation with local governmental units,
47	which shall take into consideration the local needs and resources as
48	identified by local governmental units, the average daily jail popu-
49	lation, the average number of persons incarcerated in the jail that
	require substance use disorder services and such other factors as may be
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51 52	<u>deemed necessary.</u> § 4. This act shall take effect on the one hundred twentieth day
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53 E4	after it shall have become a law. Effective immediately, the addition,
54 55	amendment and/or repeal of any rule or regulation necessary for the
55 56	implementation of this act on its effective date are authorized to be
56	made on or before such date.