

# STATE OF NEW YORK

10257

## IN ASSEMBLY

May 15, 2024

Introduced by COMMITTEE ON RULES -- (at request of M. of A. K. Brown) --  
read once and referred to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to establishing a  
co-occurring disorders patient bill of rights

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

1 Section 1. The mental hygiene law is amended by adding a new section  
2 19.47 to read as follows:

3 § 19.47 Co-occurring disorders patient bill of rights.

4 The office shall, in conjunction with state agencies which interact  
5 with persons with co-occurring disorders including, but not limited to,  
6 the office of mental health, department of social services, office of  
7 children and family services, department of corrections, department of  
8 health, department of financial services, and the department of educa-  
9 tion, adopt a co-occurring disorders patient bill of rights which shall  
10 include, but not be limited to:

11 1. The right to be welcomed/nondiscrimination: Individuals and fami-  
12 lies seeking and receiving treatment for co-occurring disorders shall  
13 receive services without regard to age, race, color, sexual orientation,  
14 religion, marital status, sex, disability, gender identity, national  
15 origin, payment source or any other protected basis.

16 2. The right to have co-occurring disorders needs accurately recog-  
17 nized: Individuals with co-occurring disorders, and their families,  
18 shall receive appropriate screening for the presence of co-occurring  
19 disorders, accurate documentation of the results of that screening,  
20 complete access to their health records and cost estimates, and timely  
21 access to competent re-assessments when needed.

22 3. The right to receive co-occurring disorders services matched to  
23 needs: Individuals shall receive integrated, co-occurring disorders  
24 capable services for their co-occurring mental health and substance use  
25 disorder conditions that are appropriately matched to their needs and  
26 preferences, including, but not limited to acuity, severity, and stage  
27 of change for each condition. This right shall apply to mental health  
28 and/or substance use disorder addiction programs for adults and/or chil-

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

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1 dren and youth in hospital-based, residential, community-based settings  
2 and at school-based mental health satellites.

3 4. The right to receive the highest quality of co-occurring disorders  
4 treatment: In every setting, individuals and families shall receive  
5 high-quality evidence-based co-occurring disorders services, including a  
6 full array of best and promising practices for medication and non-medi-  
7 cation interventions for both mental health and substance use disorder  
8 needs.

9 5. The right to continuity of care: Individuals with co-occurring  
10 disorders, and their families, shall receive appropriately matched help  
11 for both conditions for as long as they need that help. The expectation  
12 that individuals can rely on self-help after only a single episode of  
13 care in a program with limited length of stay shall be deemed inappro-  
14 priate for people who are likely to have not one, but two persistent  
15 conditions that may require help for an extended time-period.

16 6. The right to help and hope for family and loved ones: Families  
17 shall be involved in contributing to the care of their loved ones, and  
18 receiving quality education, support, and treatment to help them heal.

19 7. The right for people at risk to have access to prevention: Young  
20 people with either mental health or substance use disorder are at higher  
21 risk of developing co-occurring disorders, and their families, and shall  
22 receive educational and preventive interventions as soon as possible in  
23 both normative settings, including but not limited to schools, and in  
24 treatment settings, including but not limited to behavioral health  
25 programs treating children and youth.

26 8. The right to accountability and redress: Consumers shall receive  
27 services within a fully transparent system where payors, providers and  
28 government work in partnership, guided by input from people and families  
29 with lived experience.

30 9. The right to a peer advocate: People with co-occurring disorders  
31 shall receive peer support services providing hope, advocacy, and  
32 systems navigation. To adequately serve people with co-occurring disor-  
33 ders, such peer support services shall include, but not be limited to, a  
34 robust and collaborative peer workforce with diverse and specialized  
35 lived expertise as well as cross-training, ensuring person-driven,  
36 recovery-oriented, trauma-informed, culturally fluent services.

37 10. The right to receive services from adequately resourced providers:  
38 People with co-occurring disorders needs shall receive services from  
39 providers of all types who are paid appropriately to serve those with  
40 the greatest need.

41 11. The right to safe housing: People with co-occurring disorders and  
42 without access to a permanent residence shall receive safe supportive  
43 housing that is recovery-oriented, and encourages independence.

44 § 2. This act shall take effect on the ninetieth day after it shall  
45 have become a law. Effective immediately, the addition, amendment and/or  
46 repeal of any rule or regulation necessary for the implementation of  
47 this act on its effective date are authorized to be made and completed  
48 on or before such effective date.