STATE OF NEW YORK

9522

IN SENATE

May 16, 2024

Introduced by Sen. FERNANDEZ -- read twice and ordered printed, and when printed to be committed 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:

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

§ 19.47 Co-occurring disorders patient bill of rights.

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

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

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

3. The right to receive co-occurring disorders services matched to needs: Individuals shall receive integrated, co-occurring disorders capable services for their co-occurring mental health and substance use disorder conditions that are appropriately matched to their needs and preferences, including, but not limited to acuity, severity, and stage of change for each condition. This right shall apply to mental health 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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dren and youth in hospital-based, residential, community-based settings and at school-based mental health satellites.

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

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

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

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

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

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

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

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

§ 2. This act shall take effect on the ninetieth 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.