

# STATE OF NEW YORK

1484

2025-2026 Regular Sessions

## IN ASSEMBLY

January 10, 2025

Introduced by M. of A. STECK, KELLES, SANTABARBARA, SIMON -- read once  
and referred to the Committee on Health

AN ACT to amend the public health law, in relation to enacting the model  
overdose mapping and response act

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

1 Section 1. Short title. This act shall be known and may be cited as  
2 the "model overdose mapping and response act".  
3 § 2. Legislative findings and purpose. The legislature finds that  
4 substance use disorder and drug overdose is a major health problem that  
5 affects the lives of many people, multiple service systems, and leads  
6 to profound consequences including permanent injury or death. Accidental  
7 overdoses caused by heroin, fentanyl, other opiates, stimulants,  
8 controlled substance analogs, novel psychoactive substances, and other  
9 legal or illegal drugs are a national security crisis that stress and  
10 strain the financial, public health, health care, and public safety  
11 resources in New York state. This impact is because there are few  
12 central databases that can quickly help identify this problem and limit-  
13 ed funding for support to mitigate the crisis and risks statewide. There  
14 is a need for collaboration among local, regional, and state agencies,  
15 service systems, program offices within New York state, and other part-  
16 ners such as federal agencies to establish a comprehensive system  
17 addressing the problems associated with overdoses and to reduce duplica-  
18 tive requirements across local, county, state, public safety, and health  
19 care agencies. Formalized collaboration allows these entities to  
20 combine their numerous resources and strengths, thus reducing insular  
21 decision-making. Contemporaneous data collection about, and public  
22 surveillance of, confirmed or suspected overdoses with New York state  
23 will allow state and local agencies to focus on specific areas where the  
24 following are needed most in order to maximize resources: (1) inter-  
25 ventions to reduce supply; (2) public education about substance misuse;

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

LBD04515-01-5

1 (3) treatment and other health care options to reduce demand; and (4)  
2 implementation of risk reduction strategies.

3 The legislature's purpose in enacting this act is to: (1) provide near  
4 real-time drug overdose surveillance of confirmed or suspected overdoses  
5 occurring within New York state, using a specialized program to collect  
6 information about overdose incidents that supports public safety and  
7 public health efforts to mobilize an immediate response to a sudden  
8 increase in overdoses; (2) provide a centralized resource that can  
9 collect information about overdose incidents and make the data available  
10 to the health care community, public safety agencies, and municipal,  
11 county and state agencies to quickly identify needs and provide short  
12 and long-term solutions while protecting and respecting the privacy  
13 rights of individuals; (3) discourage substance misuse and accidental  
14 overdoses by quickly identifying the areas in New York state where over-  
15 doses pose the highest risk to the community; (4) enable local,  
16 regional, and state agencies, service systems, and program offices to  
17 develop effective strategies for addressing confirmed or suspected over-  
18 doses occurring within their jurisdictions and implement interventional  
19 strategies; and (5) encourage formal collaborative agreements among  
20 local, regional, and state agencies, service systems, and program  
21 offices that enhance present and future work pertaining to the various  
22 health care and public safety aspects of this crisis, including  
23 substance use disorders, co-occurring disorders, unemployment, homeless-  
24 ness, drug supply chains, and other health care and public safety  
25 issues.

26 By way of this act, the legislature intends to maximize the efficiency  
27 of financial, public education, public health, health professional, and  
28 public safety resources so that these resources are concentrated on the  
29 most needy and at-risk areas and groups in New York state.

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

32 § 3309-c. Model overdose mapping and response system. 1. Definitions.  
33 For the purposes of this section, unless the context clearly indicates  
34 otherwise, the following words and phrases shall have the following  
35 meanings:

36 (a) "Application programming interface" or "API" means a set of tools,  
37 definitions, and protocols for building and integrating application  
38 software and services with different software programs.

39 (b) "Coroner" means the elected or appointed officer in each county of  
40 the state whose responsibility is to investigate the cause of death in  
41 cases.

42 (c) "Emergency department personnel" means paid or volunteer health  
43 care professionals licensed by the state who work in an emergency  
44 department, including but not limited to physicians, nurses and medical  
45 assistants.

46 (d) "Information technology platform" means the Washington/Baltimore  
47 High Intensity Drug Trafficking Areas' Overdose Detection Mapping Appli-  
48 cation Program (ODMAP), which has the ability to:

49 (i) allow secure access to the system by authorized users to report  
50 information about an overdose incident required by this section;

51 (ii) allow secure access to the system by authorized users to view, in  
52 near real-time, certain information about overdose incidents reported  
53 pursuant to this section;

54 (iii) produce a map in near real-time of the approximate locations of  
55 confirmed or suspected overdose incidents reported pursuant to this  
56 section;

1 (iv) interface with other information systems and applications via an  
2 API; and

3 (v) enable access to overdose incident information that assists in  
4 state and local decisions regarding the allocation of public health,  
5 public safety, and educational resources.

6 (e) "Law enforcement officer" means a paid or volunteer employee of a  
7 police department or sheriff's office, which is a part of, or adminis-  
8 tered by, the state or any political subdivision thereof, or any full-  
9 time or part-time employee of a private police department, and who is  
10 responsible for the prevention and detection of crime and the enforce-  
11 ment of the penal law, vehicle and traffic law, or highway laws of the  
12 state.

13 (f) "Medical examiner" means an individual appointed pursuant to  
14 section four hundred of the county law to perform death investigations  
15 and to establish the cause and manner of death, and includes any person  
16 designated by such person to perform duties required by law.

17 (g) "Overdose" means injury to the body that happens when one or more  
18 substances are taken in excessive amounts. An overdose can be fatal or  
19 nonfatal.

20 (h) "Overdose incident" means an occurrence where a law enforcement  
21 officer, person who administers emergency medical services, coroner, or  
22 medical examiner encounters a person experiencing, or who recently expe-  
23 rienced, a confirmed or suspected overdose.

24 (i) "Overdose reversal drug" means naloxone hydrochloride or other  
25 similarly acting drug that is approved by the federal Food and Drug  
26 Administration for the emergency treatment of an overdose.

27 (j) "Overdose spike" means the occurrence of a significant increase in  
28 the number of confirmed or suspected overdoses in a certain timeframe  
29 that triggers the overdose spike response plan within a specific  
30 geographic area.

31 (k) "Overdose spike response plan" means a compilation of recommenda-  
32 tions for coordinated responses to overdose spikes identified through  
33 the use of the information technology platform.

34 (l) "Person who administers emergency services" means a paid or volun-  
35 teer professional, other than a law enforcement officer, who is trained  
36 and licensed in the state to provide emergency services to the public,  
37 including but not limited to a firefighter, emergency medical techni-  
38 cian, emergency medical responder, paramedic, and emergency department  
39 personnel.

40 2. Establishment of the overdose mapping and response system. (a) The  
41 department is hereby directed to:

42 (i) ascertain and document the number, trends, patterns, and risk  
43 factors associated with known and suspected overdoses in the state, both  
44 fatal and nonfatal; and

45 (ii) develop strategies for public health and public safety inter-  
46 ventions that may be effective in reducing the rate of fatal or nonfatal  
47 overdoses.

48 (b) In furtherance of the directive in paragraph (a) of this subdivi-  
49 sion, no later than one year after the effective date of this section,  
50 the department shall develop an overdose mapping and response system in  
51 which a central repository containing information about overdose inci-  
52 dents is established and maintained using the information technology  
53 platform.

54 (c) No later than two years after the effective date of this section,  
55 the overdose mapping and response system shall capture information about

1 all overdose incidents in at least eighty percent of the counties in the  
2 state.

3 (d) The overdose mapping and response system shall be designed to  
4 avoid data entry duplication wherever possible, which may include using  
5 one or more APIs to transfer information about overdose incidents that  
6 are currently reported to active databases existing in the state to the  
7 information technology platform.

8 (e) A law enforcement officer who goes to an overdose incident shall  
9 report information about such overdose incident to the information tech-  
10 nology platform, as directed by paragraph (h) of this subdivision, as  
11 soon as possible but no later than twenty-four hours after the overdose  
12 incident, to the extent that such information is known.

13 (f) A person who administers emergency services who goes to an over-  
14 dose incident, or who transports a person experiencing a confirmed or  
15 suspected overdose to a medical facility, shall report information about  
16 such overdose incident to the information technology platform, as  
17 directed by paragraph (h) of this subdivision, as soon as possible but  
18 no later than twenty-four hours after the overdose incident, to the  
19 extent that such information is known.

20 (g) When a coroner or medical examiner determines that the death of a  
21 person was caused by an overdose, the coroner or medical examiner shall  
22 report information about such overdose incident to the information tech-  
23 nology platform, as directed by paragraph (h) of this subdivision, as  
24 soon as possible but no later than twenty-four hours after the overdose  
25 incident, to the extent that such information is known.

26 (h) The following information about an overdose incident shall be  
27 reported by the individuals identified in paragraphs (e), (f) and (g) of  
28 this subdivision using the information technology platform:

29 (i) the date and time of the overdose incident;

30 (ii) the location of the overdose incident;

31 (iii) whether an overdose reversal drug was administered, and if so,  
32 the number of doses and the type of delivery;

33 (iv) whether the confirmed or suspected overdose was fatal or  
34 nonfatal;

35 (v) the gender and approximate age of the person suffering the over-  
36 dose incident; and

37 (vi) the suspected substance involved.

38 (i) A person's or entity's report of information about an overdose  
39 incident pursuant to this section shall not preempt or replace any other  
40 reporting requirement applicable to such person or entity.

41 (j) During the course of implementing the overdose mapping and  
42 response system, the department:

43 (i) shall consult with all affected entities, including but not limit-  
44 ed to, law enforcement agencies, health care providers, emergency  
45 management, emergency service providers, public health agencies, coron-  
46 ers and medical examiners, tribal authorities, state drug court judges,  
47 and federal and state prosecutors;

48 (ii) shall enter into, or direct other state, county or local entities  
49 to enter into, all participation agreements, data sharing agreements,  
50 and other memoranda of understanding necessary to fully implement the  
51 overdose mapping and response system; and

52 (iii) may promulgate rules, regulations, or standard operating proce-  
53 dures necessary to carry out the requirements of this section.

54 (k) Persons or entities reporting information about an overdose inci-  
55 dent pursuant to this section in good faith shall not be subject to

1 civil or criminal liability or damages for making the report, unless  
2 their acts or omissions constitute willful and wanton misconduct.

3 (l) The failure of a person identified in paragraph (e), (f) or (g) of  
4 this subdivision to report information about an overdose incident as  
5 required by this section constitutes a form of unprofessional conduct,  
6 and the department may refer matters of non-compliance to the appropri-  
7 ate licensing board for investigation.

8 (m) The department shall report to the legislature regarding the  
9 status of overdose mapping and response system implementation at six  
10 months, eighteen months, and thirty months after the effective date of  
11 this section. The report at thirty months shall not be required if  
12 statewide adoption, as referenced in paragraph (c) of this subdivision,  
13 is attained prior to the eighteen-month report.

14 3. Using the overdose mapping and response system. (a) The information  
15 about overdose incidents reported pursuant to this section shall be  
16 available to users of the information technology platform authorized to  
17 view the data in real time. The process by which such authorized users  
18 are decided upon and designated shall be addressed in one or more of the  
19 participation agreements, data sharing agreements, and memoranda of  
20 understanding executed when implementing the overdose mapping and  
21 response system.

22 (b) Within one year of the enactment of this section, the department,  
23 in conjunction with state and local law enforcement agencies and local  
24 public health departments, shall:

25 (i) identify parameters for identifying an overdose spike through the  
26 state; and

27 (ii) create overdose spike response plans that coordinate the response  
28 of public health, public safety, emergency management, first responders,  
29 community organizations, health care providers, and the media with the  
30 goal of preventing and reducing the harm caused by overdose spikes.

31 (c) Within one year of the effective date of this section, and each  
32 year thereafter, the department shall prepare a comprehensive report  
33 regarding the overdose mapping and response system established pursuant  
34 to this section that is delivered to or immediately accessible by:

35 (i) the legislature;

36 (ii) state, county, and local departments of health;

37 (iii) the office of addiction services and supports;

38 (iv) the office of children and family services; and

39 (v) any other state or local agency designated by law or regulation.

40 (d) Each report required under paragraph (c) of this subdivision shall  
41 contain, at a minimum, the following information:

42 (i) the number of overdose incidents reported and the approximate  
43 locations where the overdose incidents occurred, including any clusters  
44 of overdose incidents;

45 (ii) the entities reporting, or who employed persons reporting, infor-  
46 mation about overdose incidents;

47 (iii) the percentage of overdose incidents involving fatal versus  
48 nonfatal overdoses; and

49 (iv) how the reported information about overdose incidents was used  
50 for public health and public safety responses, the outcomes of such  
51 responses, and the impact on affected communities.

52 (e) In addition to using the overdose mapping and response system as  
53 required in paragraphs (b), (c) and (d) of this subdivision, the depart-  
54 ment may use such system to:

55 (i) establish public safety, public health, and behavioral health  
56 partnerships within the state;

1 (ii) assist local communities to identify additional ways to use  
2 information about overdose incidents to deploy public health, behavioral  
3 health, and public safety interventions to address specific geographic  
4 areas or high-risk individuals;

5 (iii) assist in the distribution of overdose reversal drugs throughout  
6 the state; and

7 (iv) assist in implementing strategies to reduce drug supply and  
8 demand, especially in high-risk areas and where there are high volumes  
9 of elevated risk populations.

10 4. Limitations on data use. (a) Information about overdose incidents  
11 reported to the overdose mapping and response system by a person or  
12 entity other than a law enforcement officer shall not be subject to  
13 criminal investigation.

14 (b) Information about overdose incidents reported to, and accessible  
15 through, the overdose mapping and response system shall at all times  
16 remain confidential pursuant to all applicable federal, state, and local  
17 laws and regulations pertaining to the collection, storage, and dissem-  
18 ination of protected health information and controlled unclassified  
19 information.

20 5. Financial considerations. (a) Moneys shall be allocated for the  
21 purpose of funding, in whole or in part, the initial start-up and ongo-  
22 ing activities required by this section through the use of funds made  
23 available from the opioid settlement fund established pursuant to  
24 section ninety-nine-nn of the state finance law.

25 (b) The department shall pursue all federal funding, matching funds,  
26 and foundation funding for the initial start-up and ongoing activities  
27 required by this section.

28 (c) The department may receive such gifts, grants, and endowments from  
29 public or private sources as may be made from time to time, in trust or  
30 otherwise, for the use and benefit of the purposes of this section and  
31 expend the same or any income derived from it according to the term of  
32 such gifts, grants, or endowments.

33 § 4. Severability clause. If any clause, sentence, paragraph, subdivi-  
34 sion, section or part of this act shall be adjudged by any court of  
35 competent jurisdiction to be invalid, such judgment shall not affect,  
36 impair, or invalidate the remainder thereof, but shall be confined in  
37 its operation to the clause, sentence, paragraph, subdivision, section  
38 or part thereof directly involved in the controversy in which such judg-  
39 ment shall have been rendered. It is hereby declared to be the intent of  
40 the legislature that this act would have been enacted even if such  
41 invalid provisions had not been included herein.

42 § 5. This act shall take effect immediately.