STATE OF NEW YORK

3936

2025-2026 Regular Sessions

IN ASSEMBLY

January 30, 2025

Introduced by M. of A. ROSENTHAL -- read once and referred to the Committee on Alcoholism and Drug Abuse

AN ACT to amend the correction law and the mental hygiene law, in relation to data collected for medication assisted treatment programs at correctional facilities

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

Section 1. Subdivision 3 of section 626 of the correction law, as separately amended by chapters 147 and 486 of the laws of 2022, is amended to read as follows:

3. The commissioner shall [~~submit within one year of the effective date of this section and annually thereafter, a report to the governor, the temporary president of the senate and the speaker of the assembly on the effectiveness of the program established pursuant to this section. Such reports shall include an analysis of the impact of such program on the participating incarcerated individuals, including factors such as institutional adjustment, behavior infractions, reentry rates, HIV and hepatitis C treatment, and program participation, among related relevant factors. The reports shall also include the impact on institutional safety and performance and any recommendations for additional legislative enactments that may be needed or required to improve or enhance the program as determined to be appropriate by the commissioner~~], **, along with the state commission of correction, provide data necessary to complete the report required by subdivision (h) of section 19.07 of the mental hygiene law to the commissioner of the office of addiction services and supports**.

§ 2. Subdivision (h) of section 19.07 of the mental hygiene law, as separately amended by chapters 322 and 494 of the laws of 2021, is amended to read as follows:

(h) The office of addiction services and supports shall monitor programs providing care and treatment to incarcerated individuals **who**

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

LBD02571-01-5

have a history of alcohol or substance use disorder or dependence in correctional facilities operated by the department of corrections and community supervision [~~who have a history of alcohol or substance use disorder or dependence~~] and local counties. The office shall also develop guidelines for the operation of alcohol and substance use disorder treatment programs in such correctional facilities, based on best practices, and tailored to the nature of the individual's substance use, history of past treatment, and history of mental illness or trauma, which may include harm reduction strategies, in order to ensure that such programs sufficiently meet the needs of incarcerated individuals with a history of alcohol or substance use disorder or dependence and promote the successful transition to treatment in the community upon release. No later than the first day of December of each year, the office in collaboration with the department of corrections and community supervision and the state commission of correction shall submit a report regarding: (1) the adequacy and effectiveness of alcohol and substance use disorder treatment programs operated by the department of corrections and community supervision and local counties, including medication assisted treatment programs as established by section 19.18-c of this article and section six hundred twenty-six of the correction law; (2) the total number of incarcerated individuals and the demographic information of such incarcerated individuals including race, ethnicity, gender and age in each correctional [~~facilities that have been screened for, and determined to have, a substance use disorder~~] facility; (3) information regarding which substances incarcerated individuals are most often dependent upon and the available treatment for such individuals within each correctional facility; (4) the total number of individuals who participate in each of the treatment programs operated by the department of corrections and community supervision and local counties; [~~and~~] (5) the total number of individuals who participated in a substance use disorder treatment program but failed to complete such program, as well as whether such failure to complete the program was a result of disciplinary action taken by the facility against the individual for instances unrelated to their participation in the treatment program; and (6) information regarding medication assisted treatment programs operated by the department of corrections and community supervision and local counties, for which all indices shall be broken down by race, ethnicity, gender and age, and which shall include the following:

(i) the number of individuals screened at each facility and at what point during such individual's incarceration they were screened and how many had an existing prescription for a medication to treat substance use disorder before becoming incarcerated;

(ii) the number of individuals determined to have a substance use disorder that can be treated with one of the Federal Food and Drug Administration (FDA) approved medications available;

(iii) the number of individuals offered such medication;

(iv) the number of individuals who accepted or declined such medication and the reason for rejection if available;

(v) the medication types used, for how many people, including the average dosage amount for each form of medication for substance use disorder used;

(vi) whether and at what point dosages changed, including for people with existing prescriptions for a medication to treat substance use disorder;

(vii) the regulatory structure used to provide methadone to each patient including: the name of any community-based opioid treatment programs each facility is utilizing to obtain methadone and the distance from the facility, whether the facility is operating as a medication unit of the opioid treatment program, and/or whether the facility is providing methadone directly by registering with the Federal Drug Enforcement Agency as a hospital and/or clinic;

(viii) the number and types of medical providers on staff to prescribe buprenorphine or naltrexone and the number and types of staff needed to administer such medications;

(ix) the types and dosages of opioid overdose reversal medications stocked at each facility and the number of times it was used including data about usage prior to implementation of the medication assisted treatment program;

(x) the rates of overdose by incarcerated individuals prescribed medications for opioid use disorder including which medication was used for treatment and the overall rates of overdose in each facility before and after implementation of the medication assisted treatment program;

(xi) the rates of other health issues associated with substance use disorder including HIV, hepatitis C, and mental health diagnoses;

(xii) an analysis of the impact of such alcohol and substance use disorder treatment programs on participating incarcerated individuals, including institutional adjustment, behavior infractions, and re-entry rates, among other relevant factors. Such analysis shall also include the impact on institutional safety and performance and any recommendations for additional legislative actions that may be needed or required to improve or enhance the program as determined to be appropriate by the commissioner; and

(xiii) the number of incidents involving illicit substances in the facility before and after the initiation of medications for substance use disorder. The department of corrections and community supervision and local counties shall provide the office with information needed to complete this report. Such report shall be made available to the public on the office's website and sent to the governor, the temporary president of the senate, the speaker of the assembly, the [~~chairman~~] chairperson of the senate committee on crime victims, crime and correction, and the [~~chairman~~] chairperson of the assembly committee on correction.

§ 3. This act shall take effect immediately.