

# STATE OF NEW YORK

6758--A

2025-2026 Regular Sessions

## IN SENATE

March 24, 2025

Introduced by Sen. FERNANDEZ -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to requiring practitioners to discuss certain risks with a patient who is being prescribed a controlled substance or an opioid analgesic

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

1 Section 1. Subdivision 9 of section 3331 of the public health law, as  
2 added by chapter 732 of the laws of 2022, is amended to read as follows:  
3 9. (a) When a patient seeks treatment for any [~~neuromusculoskeletal~~  
4 condition that causes pain, where a practitioner considers [~~an opioid~~  
5 ~~treatment~~] prescription of a schedule II controlled substance for the  
6 treatment of pain or any other opioid drug which is a prescription drug  
7 for acute or chronic pain and again prior to issuing the third  
8 prescription of the course of treatment, the practitioner shall consid-  
9 er, discuss with the patient as set forth in paragraph (b) of this  
10 subdivision, and, as appropriate, refer or prescribe non-opioid treat-  
11 ment alternatives, based on the practitioner's clinical judgment and  
12 following generally accepted national professional or treatment guide-  
13 lines, and consistent with patient preference and consent, before start-  
14 ing a patient on opioid treatment. For the purposes of this subdivision,  
15 non-opioid treatment alternatives include, but are not limited to:  
16 acupuncture, chiropractic, massage therapy, physical therapy, occupa-  
17 tional therapy, cognitive behavioral therapy, non-opioid medications,  
18 interventional treatments and non-clinical activities such as exercise.  
19 The practitioner shall inform the patient that some treatments may not  
20 be covered by the patient's health coverage.

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

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1 (b) A practitioner shall discuss with the patient, or the patient's  
2 parent or guardian if the patient is under eighteen years of age and is  
3 not an emancipated minor, the risks associated with the drugs being  
4 prescribed, including but not limited to:

5 (i) the risks of addiction and overdose associated with opioid drugs  
6 and the dangers of taking opioid drugs with alcohol, benzodiazepines and  
7 other central nervous system depressants;

8 (ii) the reasons why the prescription is necessary;

9 (iii) alternative treatments that may be available; and

10 (iv) the risks associated with the use of the drugs being prescribed,  
11 specifically that opioids are highly addictive, even when taken as  
12 prescribed, that there is a risk of developing a physical or psycholog-  
13 ical dependence on the controlled substance, and that the risks of  
14 taking more opioids than prescribed, or mixing sedatives, benzodiaze-  
15 pines or alcohol with opioids, can result in fatal respiratory  
16 depression.

17 (c) The department shall develop and make available to practitioners  
18 guidelines for the discussion required by this subdivision.

19 (d) The requirements of this subdivision shall not apply for patients  
20 being treated under any of the following circumstances: treatment of  
21 cancer; hospice or other end-of-life care; post-surgery treatment imme-  
22 diately following a surgical procedure; or in a medical emergency. For  
23 purposes of this subdivision, "medical emergency" means an acute injury  
24 or illness that poses an immediate risk to a person's life or health.

25 § 2. Paragraph (a) of subdivision 3 of section 3309 of the public  
26 health law is amended by adding a new subparagraph (vii) to read as  
27 follows:

28 (vii) "Opioid analgesics" means the medicines buprenorphine, butorpha-  
29 nal, codeine, hydrocodone, hydromorphone, levorphanol, meperidine,  
30 methadone, morphine, nalbuphine, oxycodone, oxymorphone, pentazocine,  
31 propoxyphene as well as their brand names, isomers and combinations.

32 § 3. Subdivision 7 of section 3309 of the public health law, as added  
33 by chapter 803 of the laws of 2021, is amended to read as follows:

34 7. [~~With~~] ~~For~~ the first opioid analgesic prescription [~~to a particular~~  
35 ~~patient~~] of [~~an opioid of each~~] a calendar year that is greater than a  
36 one week's supply, for use in a setting other than a general hospital or  
37 nursing home under article twenty-eight of this chapter or facility  
38 under article thirty-one of the mental hygiene law, or when a practi-  
39 tioner is prescribing a controlled substance to a patient under the care  
40 of hospice as defined by section four thousand two of this chapter, the  
41 prescriber shall counsel the patient on the risks of overdose, and  
42 prescribe an opioid antagonist when any of the following risk factors  
43 are present: (a) a history of substance use disorder; (b) high dose or  
44 cumulative prescriptions that result in ninety morphine milligram equiv-  
45 alents or higher per day; (c) concurrent use of opioids and benzodiaze-  
46 pine or nonbenzodiazepine sedative hypnotics.

47 § 4. This act shall take effect immediately.