§ 3309-a. Prescription pain medication awareness program. 1. There is hereby established within the department a prescription pain medication awareness program to educate the public and health care practitioners about the risks associated with prescribing and taking controlled substance pain medications.

2. Within the amounts appropriated, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, shall develop and conduct a public health education media campaign designed to alert youth, parents and the general population about the risks associated with prescription pain medications and the need to properly dispose of any unused medication. In developing this campaign, the commissioner shall consult with and use information provided by the work group established pursuant to subdivision four of this section and other relevant professional organizations. The campaign shall include an internet website providing information for parents, children and health care professionals on the risks associated with taking opioids and resources available to those needing assistance with prescription pain medication addiction. Such website shall also provide information regarding where individuals may properly dispose of controlled substances in their community and include active links to further information and resources. The campaign shall begin no later than September first, two thousand twelve.

3. Course work or training in pain management, palliative care and addiction. (a) Every person licensed under title eight of the education law to treat humans, registered under the federal controlled substances act and in possession of a registration number from the drug enforcement administration, United States Department of Justice or its successor agency, and every medical resident who is prescribing under a facility registration number from the drug enforcement administration, United States Department of Justice or its successor agency, shall, on or before July first, two thousand seventeen and once within each three year period thereafter, complete three hours of course work or training in pain management, palliative care, and addiction approved by the department.

(b) Every person licensed on or after July first, two thousand

seventeen under title eight of the education law to treat humans, registered under the federal controlled substances act and in possession of a registration number from the drug enforcement administration, United States Department of Justice or its successor agency, and every medical resident who begins prescribing under a facility registration number from the drug enforcement administration, United States Department of Justice or its successor agency on or after July first, two thousand seventeen, shall complete such course work or training within one year of such registration and once within each three year period thereafter.

(c) The commissioner, in consultation with the department of education and the office of alcoholism and substance abuse services, shall establish standards and review and approve course work or training in pain management, palliative care, and addiction and shall publish information related to such standards, course work or training on the department's website.

(d) Existing course work or training, including course work or training developed by a nationally recognized health care professional, specialty, or provider association, or nationally recognized pain management association, may be considered in implementing this subdivision.

(e) Nothing shall preclude course work or training that meets the requirements of paragraph (c) of this subdivision from counting toward this requirement if taken online.

(f) Course work or training shall include, but not be limited to: state and federal requirements for prescribing controlled substances; pain management; appropriate prescribing; managing acute pain; palliative medicine; prevention, screening and signs of addiction; responses to abuse and addiction; and end of life care.

(g) Each licensed person required by this subdivision to complete course work or training shall document to the department by attestation on a form prescribed by the commissioner that such licensed person has completed the course work or training required by this subdivision. For medical residents who are prescribing under a facility registration number from the drug enforcement administration, United States Department of Justice or its successor agency, such attestation shall be made by the facility.

(h) The department shall institute a procedure for application for an exemption from said requirement. The department may provide an exemption from the course work and training required by this subdivision to any such licensed person who: (i) clearly demonstrates to the department's satisfaction that there would be no need for him or her to complete such course work or training; or (ii) that he or she has completed course work or training deemed by the department to be equivalent to the course work or training approved by the department pursuant to this subdivision.

(i) Nothing herein shall preclude such course work or training in pain management, palliative care, and addiction from counting toward continuing education requirements under title eight of the education law to the extent provided in the regulations of the commissioner of education.

(j) Nothing herein shall preclude such course work or training in pain management, palliative care, and addiction from counting toward continuing education requirements of a nationally accredited medical board to the extent acceptable to such board.

4. Establish a work group, no later than June first, two thousand twelve, which shall be composed of experts in the fields of palliative and chronic care pain management and addiction medicine. Members of the work group shall receive no compensation for their services, but shall be allowed actual and necessary expenses in the performance of their duties pursuant to this section. The work group shall:

(a) Report to the commissioner regarding the development of recommendations and model courses for continuing medical education, refresher courses and other training materials for licensed health care professionals on appropriate use of prescription pain medication. Such recommendations, model courses and other training materials shall be submitted to the commissioner, who shall make such information available for the use in medical education, residency programs, fellowship programs, and for use in continuing medication education programs no later than January first, two thousand thirteen. Such recommendations also shall include recommendations on: (i) educational and continuing medical education requirements for practitioners appropriate to address prescription pain medication awareness among health care professionals;

(ii) continuing education requirements for pharmacists related to prescription pain medication awareness; and (iii) continuing education in palliative care as it relates to pain management, for which purpose the work group shall consult the New York state palliative care education and training council;

(b) No later than January first, two thousand thirteen, provide outreach and assistance to health care professional organizations to encourage and facilitate continuing medical education training programs for their members regarding appropriate prescribing practices for the best patient care and the risks associated with overprescribing and underprescribing pain medication;

(c) Provide information to the commissioner for use in the development and continued update of the public awareness campaign, including information, resources, and active web links that should be included on the website; and

(d) Consider other issues deemed relevant by the commissioner, including how to protect and promote the access of patients with a legitimate need for controlled substances, particularly medications needed for pain management by oncology patients, and whether and how to encourage or require the use or substitution of opioid drugs that employ tamper-resistance technology as a mechanism for reducing abuse and diversion of opioid drugs.

5. On or before September first, two thousand twelve, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, the commissioner of education, and the executive secretary of the state board of pharmacy, shall add to the workgroup such additional members as appropriate so that the workgroup may provide guidance in furtherance of the implementation of the I-STOP act. For such purposes, the workgroup shall include but not be limited to consumer advisory organizations, health care practitioners and providers, oncologists, addiction treatment providers, practitioners with experience in pain management, pharmacists and pharmacies, and representatives of law enforcement agencies.

6. The commissioner shall report to the governor, the temporary president of the senate and the speaker of the assembly no later than

March first, two thousand thirteen, and annually thereafter, on the work group's findings. The report shall include information on opioid overdose deaths, emergency room utilization for the treatment of opioid overdose, the utilization of pre-hospital addiction services and recommendations to reduce opioid addiction and the consequences thereof.