

PROGRAM BILL # 39

Legislative Bill Drafting Commission
12123-11-2

S. _____
Senate

IN SENATE--Introduced by Sen

--read twice and ordered printed,
and when printed to be committed
to the Committee on

----- A.
Assembly

IN ASSEMBLY--Introduced by M. of A.

with M. of A. as co-sponsors

--read once and referred to the
Committee on

PUBHEALA
(Relates to prescription drug
reform; repealer)

Pub Heal. presc drug reform

AN ACT

to amend the public health law, in
relation to enacting the internet
system for tracking over-prescribing
(I-STOP) act and creating a
prescription monitoring program
registry (Part A); to amend the
public health law and the education
law, in relation to prescription
drug forms, electronic prescribing
and language assistance; and to
repeal section 21 of the public
health law, relating thereto (Part
B); to amend the public health law
and the penal law, in relation to

IN SENATE

Senate introducer's signature

The senators whose names are circled below wish to join me in the sponsorship
of this proposal

s20 Adams	s44 Farley	s58 Kennedy	s54 Nozzolio	s28 Serrano
s15 Addabbo	s02 Flanagan	s34 Klein	s53 O'Mara	s51 Seward
s55 Alesi	s08 Fuschillo	s26 Krueger	s37 Oppenheimer	s09 Skelos
s11 Avella	s59 Gallivan	s24 Lanza	s21 Parker	s14 Smith
s40 Ball	s12 Gianaris	s39 Larkin	s13 Peralta	s25 Squadron
s42 Bonacic	s22 Golden	s01 LaValle	s30 Perkins	s16 Stavisky
s46 Breslin	s47 Griffo	s52 Libous	s61 Ranzenhofer	s35 Stewart-
s38 Carlucci	s60 Grisanti	s45 Little	s48 Ritchie	Cousins
s50 DeFrancisco	s06 Hannon	s05 Marcellino	s33 Rivera	s27 Storobin
s32 Diaz	s36 Hassell-	s07 Martins	s56 Robach	s49 Valesky
s17 Dilan	Thompson	s62 Maziarz	s41 Saland	s57 Young
s29 Duane	s10 Huntley	s43 McDonald	s19 Sampson	s03 Zeldin
s31 Espaillet	s04 Johnson	s18 Montgomery	s23 Savino	

IN ASSEMBLY

Assembly introducer's signature

The Members of the Assembly whose names are circled below wish to join me in the
multi-sponsorship of this proposal:

a049 Abbate	a085 Crespo	a042 Jacobs	a121 Miller, D.	a067 Rosenthal
a092 Abinanti	a107 Crouch	a095 Jaffee	a102 Miller, J.	a118 Russell
a105 Amedore	a014 Curran	a057 Jeffries	a038 Miller, M.	a144 Ryan
a084 Arroyo	a063 Cusick	a135 Johns	a052 Millman	a012 Saladino
a035 Aubry	a045 Cymbrowitz	a112 Jordan	a015 Montesano	a113 Sayward
a124 Barclay	a034 DenDekker	a099 Katz	a132 Morelle	a029 Scarborough
a103 Barrett	a081 Dinowitz	a074 Kavanagh	a039 Moya	a016 Schimel
a040 Barron	a114 Duprey	a145 Kearns	a003 Murray	a140 Schiminger
a082 Benedetto	a004 Englebright	a065 Kellner	a037 Nolan	a064 Silver
a122 Blankenbush	a054 Espinal	a129 Kolb	a128 Oaks	a027 Simanowitz
a055 Boyland	a071 Farrell	a025 Lancman	a069 O'Donnell	a036 Simotas
a008 Boyle	a123 Finch	a091 Latimer	a051 Ortiz	a100 Skartados
a026 Braunstein	a007 Fitzpatrick	a013 Lavine	a136 Palmesano	a146 Smardz
a044 Brennan	a137 Friend	a050 Lentol	a088 Paulin	a079 Stevenson
a116 Brindisi	a143 Gabryszak	a125 Lifton	a141 Peoples-	a011 Sweeney
a131 Bronson	a090 Galef	a072 Linares	Stokes	a110 Tedisco
a046 Brook-Krasny	a133 Gantt	a127 Lopez, P.	a058 Perry	a115 Tenney
a147 Burling	a077 Gibson	a053 Lopez, V.	a087 Pretlow	a002 Thiele
a117 Butler	a149 Giglio	a001 Losquadro	a073 Quart	a061 Titone
a101 Cahill	a066 Glick	a126 Lupardo	a021 Ra	a031 Titus
a096 Calhoun	a023 Goldfeder	a111 Megee	a097 Rabbitt	a062 Tobacco
a043 Camara	a150 Goodell	a120 Magnarelli	a009 Rala	a148 Walter
a106 Canestrari	a075 Gottfried	a059 Maisel	a006 Ramos	a041 Weinstein
a089 Castelli	a005 Graf	a060 Malliotakis	a134 Reilich	a020 Weisenberg
a086 Castro	a098 Gunther	a030 Markey	a109 Reilly	a024 Weprin
a138 Ceretto	a130 Hanna	a093 Mayer	a178 Rivera, J.	a070 Wright
a033 Clark	a139 Hawley	a019 McDonough	a080 Rivera, N.	a094 Zebrowski
a047 Colton	a083 Heastie	a104 McEneny	a076 Rivera, P.	
a010 Conte	a028 Hevesi	a017 McKevitt	a119 Roberts	
a032 Cook	a048 Hikind	a108 McLaughlin	a056 Robinson	
a142 Corwin	a018 Hooper	a022 Meng	a068 Rodriguez	

1) Single House Bill (introduced and printed separately in either or both
houses). Uni-Bill (introduced simultaneously in both houses and printed as one
bill. Senate and Assembly introducer sign the same copy of the bill).

2) Circle names of co-sponsors and return to introduction clerk with 2 signed
copies of bill and 4 copies of memorandum in support (single house); or 4 signed
copies of bill and 8 copies of memorandum in support (uni-bill).

schedules of controlled substances; and to repeal certain provisions of the public health law relating thereto (Part C); to amend the public health law, in relation to continuing education for practitioners and pharmacists in prescription pain medication awareness and the duties of the prescription pain management awareness workgroup (Part D); and to amend the public health law, in relation to the safe disposal of controlled substances (Part E)

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

1 Section 1. Legislative findings and intent. The legislature finds
2 that prescription drugs, particularly controlled substances, are
3 increasingly subject to criminal diversion and abuse, which can result
4 in addiction, adverse drug events, accidental death due to overdose,
5 violent or self-injurious behavior, family conflicts, and increased
6 costs to businesses and the health care system.

7 The legislature further finds that such diversion and abuse will be
8 mitigated by: establishing a prescription monitoring program registry
9 containing data about controlled substances dispensed to individuals,
10 reported on a real time basis; requiring health care practitioners and
11 permitting pharmacists to access such registry before prescribing or
12 dispensing additional such substances; and requiring that prescriptions
13 be transmitted electronically from practitioners to pharmacists. There-
14 fore, the legislature finds it appropriate and necessary to establish a
15 prescription monitoring program registry that is designed to utilize
16 real time data, integrate electronic prescribing, combat overprescribing
17 and doctor-shopping, and curtail abuse and illegal diversion without
18 compromising access to controlled substances for legitimate health care
19 purposes. The legislature further finds that these objectives will be
20 promoted by updating the state's schedules of controlled substances,
21 establishing a program for the safe disposal of controlled substances by
22 consumers, and enhancing opportunities to promote education about
23 controlled substances for the public and practitioners.

24 § 2. This act enacts into law major components of legislation which
25 are necessary to implement fundamental changes to the way controlled
26 substances are prescribed, dispensed and monitored in this state. Each
27 component is wholly contained within a Part identified as Parts A
28 through E. The effective date of each particular provision contained

1 within such Part is set forth in the last section of such Part. Any
2 provision in any section contained within a Part, including the effec-
3 tive date of the Part, which makes reference to a section "of this act",
4 when used in connection with that particular component, shall be deemed
5 to mean and refer to the corresponding section of the Part in which it
6 is found. Section four of this act sets forth the general effective date
7 of this act.

8 PART A

9 Section 1. This act shall be known and may be cited as the "Internet
10 System for Tracking Over-Prescribing (I-STOP) Act".

11 § 2. The public health law is amended by adding a new section 3343-a
12 to read as follows:

13 § 3343-a. Prescription monitoring program registry. 1. Establishment
14 of system. (a) The commissioner shall, in accordance with the provisions
15 of this section, establish and maintain an electronic system for
16 collecting, monitoring and reporting information concerning the
17 prescribing and dispensing of controlled substances, to be known as the
18 prescription monitoring program registry. The registry shall include
19 information reported by pharmacies on a real time basis, as set forth in
20 subdivision four of section thirty-three hundred thirty-three of this
21 article.

22 (b) The registry shall include, for each person to whom a prescription
23 for controlled substances has been dispensed, all patient-specific
24 information covering such period of time as is deemed appropriate and
25 feasible by the commissioner, but no less than six months and no more
26 than five years. Such patient-specific information shall be obtained

1 from the prescription information reported by pharmacies pursuant to
2 subdivision four of section thirty-three hundred thirty-three of this
3 article and by practitioners who dispense pursuant to subdivision six of
4 section thirty-three hundred thirty-one of this article, and shall be
5 processed and included in the registry by the department without undue
6 delay. For purposes of this article, "patient-specific information"
7 means information pertaining to individual patients included in the
8 registry, which shall include the following information and such other
9 information as is required by the department in regulation:

- 10 (i) the patient's name;
11 (ii) the patient's residential address;
12 (iii) the patient's date of birth;
13 (iv) the patient's gender;
14 (v) the date on which the prescription was issued;
15 (vi) the date on which the controlled substance was dispensed;
16 (vii) the metric quantity of the controlled substance dispensed;
17 (viii) the number of days supply of the controlled substance
18 dispensed;
19 (ix) the name of the prescriber;
20 (x) the prescriber's identification number, as assigned by the drug
21 enforcement administration;
22 (xi) the name or identifier of the drug that was dispensed; and
23 (xii) the payment method.
24 (c) The registry shall be secure, easily accessible by practitioners
25 and pharmacists, and compatible with the electronic transmission of
26 prescriptions for controlled substances, as required by section two
27 hundred eighty-one of this chapter, and section sixty-eight hundred ten
28 of the education law, and any regulations promulgated pursuant thereto.

1 To the extent practicable, implementation of the electronic transmission
2 of prescriptions for controlled substances shall serve to streamline
3 consultation of the registry by practitioners and reporting of
4 prescription information by pharmacists. The registry shall be interop-
5 erable with other similar registries operated by federal or state
6 governments, to the extent deemed appropriate by the commissioner, and
7 subject to the provisions of section thirty-three hundred seventy-one-a
8 of this article.

9 (d) The department shall establish and implement such protocols as are
10 reasonably necessary to ensure that information contained in the regis-
11 try is maintained in a secure and confidential manner and is accessible
12 only by practitioners, pharmacists or their designees for the purposes
13 established in subdivisions two and three of this section, or as other-
14 wise set forth in sections thirty-three hundred seventy-one and thirty-
15 three hundred seventy-one-a of this article. Such protocols shall
16 include a mechanism for the department to monitor and record access to
17 the registry, which shall identify the authorized individual accessing
18 and each controlled substance history accessed.

19 2. Duty to consult prescription monitoring program registry; practi-
20 tioners. (a) Every practitioner shall consult the prescription monitor-
21 ing program registry prior to prescribing or dispensing any controlled
22 substance listed on schedule II, III or IV of section thirty-three
23 hundred six of this article, for the purpose of reviewing a patient's
24 controlled substance history as set forth in such registry; provided,
25 however, that nothing in this section shall preclude an authorized prac-
26 titioner, other than a veterinarian, from consulting the registry at his
27 or her option prior to prescribing or dispensing any controlled
28 substance. The duty to consult the registry shall not apply to:

- 1 (i) veterinarians;
- 2 (ii) a practitioner dispensing pursuant to subdivision three of
3 section thirty-three hundred fifty-one of this article;
- 4 (iii) a practitioner administering a controlled substance;
- 5 (iv) a practitioner prescribing or ordering a controlled substance for
6 use on the premises of an institutional dispenser pursuant to section
7 thirty-three hundred forty-two of this title;
- 8 (v) a practitioner prescribing a controlled substance in the emergency
9 department of a general hospital, provided that the quantity of
10 controlled substance prescribed does not exceed a five day supply if the
11 controlled substance were used in accordance with the directions for
12 use;
- 13 (vi) a practitioner prescribing a controlled substance to a patient
14 under the care of a hospice, as defined by section four thousand two of
15 this chapter;
- 16 (vii) a practitioner when:
- 17 (A) it is not reasonably possible for the practitioner to access the
18 registry in a timely manner;
- 19 (B) no other practitioner or designee authorized to access the regis-
20 try, pursuant to paragraph (b) of this subdivision, is reasonably avail-
21 able; and
- 22 (C) the quantity of controlled substance prescribed does not exceed a
23 five day supply if the controlled substance were used in accordance with
24 the directions for use;
- 25 (viii) a practitioner acting in compliance with regulations that may
26 be promulgated by the commissioner as to circumstances under which
27 consultation of the registry would result in a patient's inability to

1 obtain a prescription in a timely manner, thereby adversely impacting
2 the medical condition of such patient;

3 (ix) a situation where the registry is not operational as determined
4 by the department or where it cannot be accessed by the practitioner due
5 to a temporary technological or electrical failure, as set forth in
6 regulation; or

7 (x) a practitioner who has been granted a waiver due to technological
8 limitations that are not reasonably within the control of the practi-
9 tioner, or other exceptional circumstance demonstrated by the practi-
10 tioner, pursuant to a process established in regulation, and in the
11 discretion of the commissioner.

12 (b) For purposes of this section, a practitioner may authorize a
13 designee to consult the prescription monitoring program registry on his
14 or her behalf, provided that: (i) the designee so authorized is employed
15 by the same professional practice or is under contract with such prac-
16 tice; (ii) the practitioner takes reasonable steps to ensure that such
17 designee is sufficiently competent in the use of the registry; (iii) the
18 practitioner remains responsible for ensuring that access to the regis-
19 try by the designee is limited to authorized purposes and occurs in a
20 manner that protects the confidentiality of the information obtained
21 from the registry, and remains responsible for any breach of confiden-
22 tiality; and (iv) the ultimate decision as to whether or not to
23 prescribe or dispense a controlled substance remains with the practi-
24 tioner and is reasonably informed by the relevant controlled substance
25 history information obtained from the registry. The commissioner shall
26 establish in regulation reasonable parameters with regard to a practi-
27 tioner's ability to authorize designees pursuant to this section, which
28 shall include processes necessary to allow the department to: (A) grant

1 access to the registry in a reasonably prompt manner to as many desig-
2 nees as are authorized by practitioners, up to the number deemed appro-
3 prate by the commissioner for particular professional practices or
4 types of practices, taking into account the need to maintain security of
5 the registry and the patient-specific information maintained therein,
6 and the objective of minimizing burdens to practitioners to the extent
7 practicable; (B) require that practitioners notify the department upon
8 terminating the authorization of any designee; and (C) establish a mech-
9 anism to prevent such terminated designees from accessing the registry
10 in a reasonably prompt manner following such notification.

11 3. Authority to consult prescription monitoring program registry;
12 pharmacists. (a) A pharmacist may consult the prescription monitoring
13 program registry in order to review the controlled substance history of
14 an individual for whom one or more prescriptions for controlled
15 substances is presented to such pharmacist.

16 (b) For purposes of this section, a pharmacist may designate another
17 pharmacist, a pharmacy intern, as defined by section sixty-eight hundred
18 six of the education law, or other individual as may be permitted by the
19 commissioner in regulation, to consult the prescription monitoring
20 program registry on the pharmacist's behalf, provided that such designee
21 is employed by the same pharmacy or is under contract with such pharma-
22 cy. The commissioner shall establish in regulation reasonable parame-
23 ters with regard to a pharmacist's ability to authorize designees pursu-
24 ant to this section, which shall include processes necessary to allow
25 the department to: (A) grant access to the registry in a reasonably
26 prompt manner to as many designees as are authorized by pharmacists, up
27 to the number deemed appropriate by the commissioner for particular
28 pharmacies, taking into account the need to maintain security of the

1 registry and the patient-specific information maintained therein, and
2 the objective of minimizing burdens to pharmacists to the extent practi-
3 cable; (B) require that pharmacists notify the department upon terminat-
4 ing the authorization of any designee; and (C) establish a mechanism to
5 prevent such terminated designees from accessing the registry in a
6 reasonably prompt manner following such notification.

7 4. Immunity. No practitioner or pharmacist, and no person acting on
8 behalf of such practitioner or pharmacist as permitted under this
9 section, acting with reasonable care and in good faith shall be subject
10 to civil liability arising from any false, incomplete or inaccurate
11 information submitted to or reported by the registry or for any result-
12 ing failure of the system to accurately or timely report such informa-
13 tion; provided, however, that nothing in this subdivision shall be
14 deemed to alter the obligation to submit or report prescription informa-
15 tion to the department as otherwise set forth in this article or in
16 regulations promulgated pursuant thereto.

17 5. Guidance to practitioners and pharmacists. The commissioner shall,
18 in consultation with the commissioner of education, provide guidance to
19 practitioners, pharmacists, and pharmacies regarding the purposes and
20 uses of the registry established by this section and the means by which
21 practitioners and pharmacists can access the registry. Such guidance
22 shall reference educational information available pursuant to the
23 prescription pain medication awareness program established pursuant to
24 section thirty-three hundred nine-a of this article.

25 6. Individual access to controlled substance histories. The commis-
26 sioner shall establish procedures by which an individual may: (a)
27 request and obtain his or her own controlled substances history consist-
28 ing of patient-specific information or, in appropriate circumstances,

1 that of a patient who lacks capacity to make health care decisions and
2 for whom the individual has legal authority to make such decisions and
3 would have legal access to the patient's health care records; or (b)
4 seek review of any part of his or her controlled substances history or,
5 in appropriate circumstances, that of a patient who lacks capacity to
6 make health care decisions and for whom the individual has legal author-
7 ity to make such decisions and would have legal access to the patient's
8 health care records, that such individual disputes. Such procedures
9 shall require the department to promptly revise any information accessi-
10 ble through the registry that the department determines to be inaccu-
11 rate. Such procedures shall be described on the department's website and
12 included with the controlled substances history provided to an individ-
13 ual pursuant to a request made under this subdivision or under subpara-
14 graph (iv) of paragraph (a) of subdivision two of section thirty-three
15 hundred seventy-one of this article.

16 7. Department analysis of data. The department shall periodically
17 analyze data contained in the prescription monitoring program registry
18 to identify information that indicates that a violation of law or breach
19 of professional standards may have occurred and, as warranted, provide
20 any relevant information to appropriate entities as permitted under
21 section thirty-three hundred seventy-one of this article. The depart-
22 ment shall keep a record of the information provided, including, but not
23 limited to, the specific information provided and the agency to which
24 such information was provided, including the name and title of the
25 person to whom such information was provided and an attestation from
26 such person that he or she has authority to receive such information.

27 8. Funding the prescription monitoring program registry. (a) The
28 commissioner shall make reasonable efforts to apply for monies available

1 from the federal government and other institutions, to the extent deemed
2 appropriate by the commissioner, and use any monies so obtained to
3 supplement any other monies made available for the purposes of this
4 title.

5 (b) Operation of the registry established by this section shall not be
6 funded, in whole or in part, by fees imposed specifically for such
7 purposes upon practitioners, pharmacists, designees or patients subject
8 to this section.

9 9. Rules and regulations. The commissioner shall promulgate such rules
10 and regulations as are necessary to effectuate the provisions of this
11 section, in consultation with the work group established pursuant to
12 subdivision three of section thirty-three hundred nine-a of this arti-
13 cle.

14 § 3. Subdivision 4 of section 3333 of the public health law, as
15 amended by chapter 178 of the laws of 2010, is amended to read as
16 follows:

17 4. The endorsed original prescription shall be retained by the propri-
18 etor of the pharmacy for a period of five years. The proprietor of the
19 pharmacy shall file or cause to be filed such prescription information
20 with the department by electronic means [in such manner and detail] on a
21 real time basis as the commissioner in consultation with the commission-
22 er of education shall, by regulation, require; provided, however, that
23 the commissioner may, pursuant to a process established in regulation,
24 grant a waiver allowing a pharmacy to make such filings within a longer
25 period of time if and to the extent that the commissioner finds it
26 warranted, in his or her discretion, due to economic hardship, techno-
27 logical limitations that are not reasonably within the control of the
28 pharmacy, or other exceptional circumstance demonstrated by the

1 pharmacy; and provided, further, however, that such regulations shall
2 specify the manner in which such requirements shall apply to the deliv-
3 ery of controlled substances to individuals in this state by means of
4 mail or licensed express delivery services.

5 § 4. Paragraphs (d) and (e) of subdivision 1 of section 3371 of the
6 public health law, as amended by chapter 178 of the laws of 2010, are
7 amended and five new paragraphs (f), (g), (h), (i) and (j) are added to
8 read as follows:

9 (d) to [a central] the prescription monitoring program registry
10 [established pursuant to this article; and] and to authorized users of
11 such registry as set forth in subdivision two of this section;

12 (e) to a practitioner to inform him or her that a patient may be under
13 treatment with a controlled substance by another practitioner[.] for the
14 purposes of subdivision two of this section, and to facilitate the
15 department's review of individual challenges to the accuracy of
16 controlled substances histories pursuant to subdivision six of section
17 thirty-three hundred forty-three-a of this article;

18 (f) to a pharmacist to provide information regarding prescriptions for
19 controlled substances presented to the pharmacist for the purposes of
20 subdivision two of this section and to facilitate the department's
21 review of individual challenges to the accuracy of controlled substances
22 histories pursuant to subdivision six of section thirty-three hundred
23 forty-three-a of this article;

24 (g) to the deputy attorney general for medicaid fraud control, or his
25 or her designee, in furtherance of an investigation of fraud, waste or
26 abuse of the Medicaid program, pursuant to an agreement with the depart-
27 ment;

1 (h) to a local health department for the purpose of conducting public
2 health research or education: (i) pursuant to an agreement with the
3 commissioner; (ii) when the release of such information is deemed appro-
4 priate by the commissioner; (iii) for use in accordance with measures
5 required by the commissioner to ensure that the security and confiden-
6 tiality of the data is protected; and (iv) provided that disclosure is
7 restricted to individuals within the local health department who are
8 engaged in the research or education;

9 (i) to a medical examiner or coroner who is an officer of or employed
10 by a state or local government, pursuant to his or her official duties;
11 and

12 (j) to an individual for the purpose of providing such individual with
13 his or her own controlled substance history or, in appropriate circum-
14 stances, in the case of a patient who lacks capacity to make health care
15 decisions, a person who has legal authority to make such decisions for
16 the patient and who would have legal access to the patient's health care
17 records, if requested from the department pursuant to subdivision six of
18 section thirty-three hundred forty-three-a of this article or from a
19 treating practitioner pursuant to subparagraph (iv) of paragraph (a) of
20 subdivision two of this section.

21 § 5. Subdivision 2 of section 3371 of the public health law is renum-
22 bered subdivision 4 and two new subdivisions 2 and 3 are added to read
23 as follows:

24 2. The prescription monitoring program registry may be accessed, under
25 such terms and conditions as are established by the department for
26 purposes of maintaining the security and confidentiality of the informa-
27 tion contained in the registry, by:

1 (a) a practitioner, or a designee authorized by such practitioner
2 pursuant to paragraph (b) of subdivision two of section thirty-three
3 hundred forty-three-a of this article, for the purposes of: (i) inform-
4 ing the practitioner that a patient may be under treatment with a
5 controlled substance by another practitioner; (ii) providing the practi-
6 tioner with notifications of controlled substance activity as deemed
7 relevant by the department, including but not limited to a notification
8 made available on a monthly or other periodic basis through the registry
9 of controlled substances activity pertaining to his or her patient;
10 (iii) allowing the practitioner, through consultation of the
11 prescription monitoring program registry, to review his or her patient's
12 controlled substances history as required by section thirty-three
13 hundred forty-three-a of this article; and (iv) providing to his or her
14 patient, or person authorized pursuant to paragraph (j) of subdivision
15 one of this section, upon request, a copy of such patient's controlled
16 substance history as is available to the practitioner through the
17 prescription monitoring program registry; or

18 (b) a pharmacist, pharmacy intern or other designee authorized by the
19 pharmacist pursuant to paragraph (b) of subdivision three of section
20 thirty-three hundred forty-three-a of this article, for the purposes of:
21 (i) consulting the prescription monitoring program registry to review
22 the controlled substances history of an individual for whom one or more
23 prescriptions for controlled substances is presented to the pharmacist,
24 pursuant to section thirty-three hundred forty-three-a of this article;
25 and (ii) receiving from the department such notifications of controlled
26 substance activity as are made available by the department.

27 3. Where it has reason to believe that a crime related to the diver-
28 sion of controlled substances has been committed, the department may

1 notify appropriate law enforcement agencies and provide relevant infor-
2 mation about the suspected criminal activity, including controlled
3 substances prescribed or dispensed, as reasonably appears to be neces-
4 sary. The department shall keep a record of the information provided,
5 including, but not limited to: the specific information provided and the
6 agency to which such information was provided, including the name and
7 title of the person to whom such information was provided and an attes-
8 tation from such person that he or she has authority to receive such
9 information.

10 § 6. Section 3302 of the public health law is amended by adding a new
11 subdivision 41 to read as follows:

12 41. "Registry" or "prescription monitoring program registry" means the
13 prescription monitoring program registry established pursuant to section
14 thirty-three hundred forty-three-a of this article.

15 § 7. This act shall take effect one year after it shall have become a
16 law; provided, however, that:

17 (a) the commissioners of health and education are authorized to add,
18 amend or repeal any rule or regulation necessary and take other action
19 necessary for the implementation of such provisions on such effective
20 date;

21 (b) prior to such effective date, to the extent practicable, the
22 department of health shall authorize practitioners, pharmacists and
23 designees to access the prescription monitoring registry as set forth in
24 this act and shall permit such access prior to such effective date, to
25 the extent practicable; and

26 (c) nothing in subdivision (b) of this section shall require a practi-
27 tioner to consult the registry prior to the effective date of this act.

1

PART B

2 Section 1. Sections 270 through 276 and section 277 of article 2-A of
3 the public health law are designated title I and a new title heading is
4 added to read as follows:

5 PREFERRED DRUG AND CLINICAL DRUG REVIEW PROGRAMS

6 § 1-a. Sections 276-a and 276-b of article 2-A of the public health
7 law are renumbered sections 278 and 279, respectively, and such sections
8 and section 280 of such article are designated title II and a new title
9 heading is added to read as follows:

10 PRESCRIPTION DRUGS; VARIOUS PROVISIONS

11 § 2. Article 2-A of the public health law is amended by adding a new
12 title III to read as follows:

13 TITLE III14 PRESCRIPTION FORMS, ELECTRONIC PRESCRIBING AND LANGUAGE ASSISTANCE

15 Section 281. Official New York state prescription forms.

16 § 281. Official New York state prescription forms. 1. In addition to
17 the requirements of section sixty-eight hundred ten of the education law
18 or article thirty-three of this chapter, all prescriptions written in
19 this state by a person authorized by this state to issue such
20 prescriptions shall be on serialized official New York state
21 prescription forms provided by the department. Such forms shall be
22 furnished to practitioners authorized to write prescriptions and to
23 institutional dispensers, and shall be non-reproducible and non-trans-
24 ferable. The commissioner, in consultation with the commissioner of
25 education, may promulgate emergency regulations for the electronic tran-
26 smision of prescriptions from prescribers to pharmacists or for order-
27 ing and filling requirements of prescription drugs for prescriptions

1 written for recipients eligible for medical assistance pursuant to title
2 eleven of article five of the social services law, for participants in
3 the program for elderly pharmaceutical insurance coverage pursuant to
4 title three of article two of the elder law and for prescriptions writ-
5 ten pursuant to article thirty-three of this chapter. Nothing in this
6 section shall prohibit the commissioner in consultation with the commis-
7 sioner of education from promulgating any additional emergency requ-
8 lations in furtherance of this subdivision.

9 2. The commissioner, in consultation with the commissioner of educa-
10 tion, shall promulgate regulations requiring that prescription forms and
11 electronic prescriptions include: (a) a section wherein prescribers may
12 indicate whether an individual is limited English proficient, as defined
13 in section sixty-eight hundred twenty-nine of the education law; and (b)
14 if the patient is limited English proficient, a line where the prescri-
15 ber may specify the preferred language indicated by the patient. Fail-
16 ure to include such indication on the part of the prescriber shall not
17 invalidate the prescription.

18 3. On or before December thirty-first, two thousand twelve, the
19 commissioner shall promulgate regulations, in consultation with the
20 commissioner of education, establishing standards for electronic
21 prescriptions. Notwithstanding any other provision of this section or
22 any other law to the contrary, effective two years subsequent to the
23 date on which such regulations are promulgated, no person shall issue
24 any prescription in this state unless such prescription is made by elec-
25 tronic prescription from the person issuing the prescription to a phar-
26 macy in accordance with such regulatory standards, except for
27 prescriptions: (a) issued by veterinarians; (b) issued in circumstances
28 where electronic prescribing is not available due to temporary techno-

1 logical or electrical failure, as set forth in regulation; (c) issued by
2 practitioners who have received a waiver or a renewal thereof for a
3 specified period determined by the commissioner, not to exceed one year,
4 from the requirement to use electronic prescribing, pursuant to a proc-
5 ess established in regulation by the commissioner, in consultation with
6 the commissioner of education, due to economic hardship, technological
7 limitations that are not reasonably within the control of the practi-
8 tioner, or other exceptional circumstance demonstrated by the practi-
9 tioner; (d) issued by a practitioner under circumstances where, notwith-
10 standing the practitioner's present ability to make an electronic
11 prescription as required by this subdivision, such practitioner reason-
12 ably determines that it would be impractical for the patient to obtain
13 substances prescribed by electronic prescription in a timely manner, and
14 such delay would adversely impact the patient's medical condition,
15 provided that if such prescription is for a controlled substance, the
16 quantity of controlled substances does not exceed a five day supply if
17 the controlled substance were used in accordance with the directions for
18 use; or (e) issued by a practitioner to be dispensed by a pharmacy
19 located outside the state, as set forth in regulation.

20 4. In the case of a prescription for a controlled substance issued by
21 a practitioner under paragraph (b) of subdivision three of this section,
22 the practitioner shall file information about the issuance of such
23 prescription with the department as soon as practicable, as set forth in
24 regulation.

25 5. In the case of a prescription for a controlled substance issued by
26 a practitioner under paragraph (d) or (e) of subdivision three of this
27 section, the practitioner shall, upon issuing such prescription, file

1 information about the issuance of such prescription with the department
2 by electronic means, as set forth in regulation.

3 6. The waiver process established in regulation pursuant to paragraph
4 (c) of subdivision three of this section shall provide that a practi-
5 tioner prescribing under a waiver must notify the department in writing
6 promptly upon gaining the capability to use electronic prescribing, and
7 that a waiver shall terminate within a specified period of time after
8 the practitioner gains such capability.

9 § 3. Section 6810 of the education law is amended by adding four new
10 subdivisions 10, 11, 12 and 13 to read as follows:

11 10. Notwithstanding any other provision of this section or any other
12 law to the contrary, effective two years subsequent to the date on which
13 regulations establishing standards for electronic prescriptions are
14 promulgated by the commissioner of health, in consultation with the
15 commissioner pursuant to subdivision three of section two hundred eight-
16 y-one of the public health law, no practitioner shall issue any
17 prescription in this state, unless such prescription is made by elec-
18 tronic prescription from the practitioner to a pharmacy, except for
19 prescriptions: (a) issued by veterinarians; (b) issued or dispensed in
20 circumstances where electronic prescribing is not available due to
21 temporary technological or electrical failure, as set forth in regu-
22 lation; (c) issued by practitioners who have received a waiver or a
23 renewal thereof for a specified period determined by the commissioner of
24 health, not to exceed one year, from the requirement to use electronic
25 prescribing, pursuant to a process established in regulation by the
26 commissioner of health, in consultation with the commissioner due to
27 economic hardship, technological limitations that are not reasonably
28 within the control of the practitioner, or other exceptional circum-

1 stance demonstrated by the practitioner; (d) issued by a practitioner
2 under circumstances where, notwithstanding the practitioner's present
3 ability to make an electronic prescription as required by this subdivi-
4 sion, such practitioner reasonably determines that it would be impracti-
5 cal for the patient to obtain substances prescribed by electronic
6 prescription in a timely manner, and such delay would adversely impact
7 the patient's medical condition, provided that if such prescription is
8 for a controlled substance, the quantity that does not exceed a five day
9 supply if the controlled substance was used in accordance with the
10 directions for use; or (e) issued by a practitioner to be dispensed by a
11 pharmacy located outside the state, as set forth in regulation.

12 11. In the case of a prescription issued by a practitioner under para-
13 graph (b) of subdivision ten of this section, the practitioner shall be
14 required to file information about the issuance of such prescription
15 with the department of health as soon as practicable, as set forth in
16 regulation.

17 12. In the case of a prescription issued by a practitioner under para-
18 graph (d) or (e) of subdivision ten of this section, the practitioner
19 shall, upon issuing such prescription, file information about the issu-
20 ance of such prescription with the department of health by electronic
21 means, as set forth in regulation.

22 13. The waiver process established in regulation pursuant to paragraph
23 (c) of subdivision ten of this section shall provide that a practitioner
24 prescribing under a waiver must notify the department in writing prompt-
25 ly upon gaining the capability to use electronic prescribing, and that a
26 waiver shall terminate within a specified period of time after the prac-
27 titioner gains such capability.

28 § 4. Section 21 of the public health law is REPEALED.

1 § 5. This act shall take effect immediately; provided, however, that
2 the provisions of subdivision 2 of section 281 of the public health law,
3 as added by section two of this act, shall take effect March 30, 2013,
4 except that as of such date, the commissioner of health, the commission-
5 er of education and the state board of pharmacy are immediately author-
6 ized and directed to take actions necessary to implement such provisions
7 as of such date; provided, further, that any rules or regulations that
8 have been adopted or proposed prior to the effective date of this act
9 which are applicable to section 21 of the public health law shall now
10 apply to section 281 of the public health law as added by section two of
11 this act; and provided, further, that any rules or regulations that have
12 been adopted or proposed prior to the effective date of this act which
13 are applicable to sections 276-a and 276-b of the public health law
14 shall now apply to section 278 and 279 of the public health law, respec-
15 tively, renumbered by section one-a of this act.

16

PART C

17 Section 1. Paragraph 1 of subdivision (b) of schedule II of section
18 3306 of the public health law, as amended by chapter 457 of the laws of
19 2006, is amended to read as follows:

20 (1) Opium and opiate, and any salt, compound, derivative, or prepara-
21 tion of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine,
22 nalmeffene, naloxone, and naltrexone, and their respective salts, but
23 including the following:

24 1. Raw opium.

25 2. Opium extracts.

26 3. Opium fluid.

- 1 4. Powdered opium.
- 2 5. Granulated opium.
- 3 6. Tincture of opium.
- 4 7. Codeine.
- 5 8. Ethylmorphine.
- 6 9. Etorphine hydrochloride.
- 7 10. Hydrocodone (also known as dihydrocodeinone).
- 8 11. Hydromorphone.
- 9 12. Metopon.
- 10 13. Morphine.
- 11 14. Oxycodone.
- 12 15. Oxymorphone.
- 13 16. Thebaine.
- 14 17. Dihydroetorphine.
- 15 18. Oripavine.

16 § 2. Schedule II of section 3306 of the public health law is amended
17 by adding a new subdivision (b-1) to read as follows:

18 (b-1) Unless specifically excepted or unless listed in another sched-
19 ule, any material, compound, mixture, or preparation containing any of
20 the following, or their salts calculated as the free anhydrous base or
21 alkaloid, in limited quantities as set forth below:

22 (1) Not more than three hundred milligrams of dihydrocodeinone (hydro-
23 codone) per one hundred milliliters or not more than fifteen milligrams
24 per dosage unit, with a fourfold or greater quantity of an isoquinoline
25 alkaloid of opium.

26 (2) Not more than three hundred milligrams of dihydrocodeinone (hydro-
27 codone) per one hundred milliliters or not more than fifteen milligrams

1 per dosage unit, with one or more active nonnarcotic ingredients in
2 recognized therapeutic amounts.

3 § 3. Section 3307 of the public health law is amended by adding a new
4 subdivision 5 to read as follows:

5 5. The commissioner shall establish minimum standards for the storage,
6 reporting, ordering and record keeping of controlled substances speci-
7 fied in subdivision (b-1) of schedule II of section thirty-three hundred
8 six of this article by manufacturers and distributors as if such
9 substances were set forth in schedule III of section thirty-three
10 hundred six of this article.

11 § 4. Paragraph 6 of subdivision (b) of schedule II of section 3306 of
12 the public health law is REPEALED.

13 § 5. Subdivision (c) of schedule II of section 3306 of the public
14 health law is amended by adding a new paragraph 28 to read as follows:

15 (28) Tapentadol.

16 § 6. Subdivision (d) of schedule II of section 3306 of the public
17 health law, as added by chapter 664 of the laws of 1985, paragraph 5 as
18 added by chapter 178 of the laws of 2010, is amended to read as follows:

19 (d) Stimulants. Unless specifically excepted or unless listed in
20 another schedule, any material, compound, mixture, or preparation which
21 contains any quantity of the following substances having a stimulant
22 effect on the central nervous system, including its salts, isomers, and
23 salts of isomers:

24 (1) Amphetamine[, its salts, optical isomers, and salts of its optical
25 isomers].

26 (2) Methamphetamine[, its salts, isomers, and salts of its isomers].

27 (3) Phenmetrazine [and its salts].

28 (4) Methylphenidate.

1 (5) Lisdexamfetamine.

2 § 7. Subdivision (g) of schedule II of section 3306 of the public
3 health law is amended by adding a new paragraph 3 to read as follows:

4 (3) Immediate precursor to fentanyl:

5 (i) 4-anilino-N-phenethyl-4-piperidine (ANPP).

6 § 8. Subdivision (h) of schedule II of section 3306 of the public
7 health law, as amended by chapter 178 of the laws of 2010, is amended to
8 read as follows:

9 (h) Anabolic steroids. Unless specifically excepted or unless listed
10 in another schedule, "anabolic steroid" shall mean any drug or hormonal
11 substance, chemically and pharmacologically related to testosterone
12 (other than estrogens, progestins, corticosteroids and dehydroepiandrosterone)
13 [that promotes muscle growth, or any material, compound,
14 mixture, or preparation which contains any amount of the following
15 substances] and includes:

16 (1) 3{beta}, 17-dihydroxy-5a-androstane.

17 (2) 3{alpha}, 17{beta}-dihydroxy-5a-androstane.

18 (3) 5{alpha}-androstan-3,17-dione.

19 (4) 1-androstenediol (3{beta},17{beta}-dihydroxy-5{alpha}-androst-1-
20 ene).

21 (5) 1-androstenediol (3{alpha},17{beta}-dihydroxy-5{alpha}-androst-1-
22 ene).

23 (6) 4-androstenediol (3{beta}, 17{beta}-dihydroxy-androst-4-ene).

24 (7) 5-androstenediol (3{beta}, 17{beta}-dihydroxy-androst-5-ene).

25 (8) 1-androstenedione ({5{alpha}}-androst-1-en-3,17-dione).

26 (9) 4-androstenedione (androst-4-en-3,17-dione).

27 (10) 5-androstenedione (androst-5-en-3,17-dione).

1 (11) Bolasterone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyandrost-
2 4-en-3-one).

3 (12) Boldenone (17{beta}-hydroxyandrost-1, 4,-diene-3-one).

4 (13) Boldione (androsta-1,4-diene-3,17-dione).

5 (14) Calusterone (7{beta}, 17{alpha}-dimethyl-17{beta}-hydroxyandrost-
6 4-en-3-one).

7 [(14)] (15) Clostebol (4-chloro-17{beta}-hydroxyandrost-4-en-3-one).

8 [(15)] (16) Dehydrochloromethyltestosterone [(4-chloro-17{beta}-
9 hydroxy-17{alpha}-methyl-androst-1] (4-chloro-17{beta}-hydroxy-17
10 {alpha}-methyl-androst-1, 4-dien-3-one).

11 [(16)] (17) {Delta} 1-dihydrotestosterone (a.k.a. '1-testosterone')
12 (17 {beta}-hydroxy-5{alpha}-androst-1-en-3-one).

13 [(17)] (18) 4-dihydrotestosterone (17{beta}-hydroxy-androstan-3-one).

14 [(18)] (19) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl-5{alpha}
15 -androstan-3-one).

16 [(19)] (20) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxyestr-
17 4-ene).

18 [(20)] (21) Fluoxymesterone (9-fluoro-17{alpha}-methyl-11{beta}, 17
19 {beta}-[dihydroxandrost]dihydroxyandrost-4-en-3-one).

20 [(21)] (22) Formebolone (2-formyl-17{alpha}-methyl-11{alpha},
21 17{beta}-dihydroxyandrost-1, 4-dien-3-one).

22 [(22)] (23) Furazabol (17{alpha}-methyl-17{beta}-hydroxyandrostano
23 {2, 3-c}-furazan).

24 [(23) 13{beta}-ethyl-17{alpha}-hydroxygon-4-en-3-one]

25 (24) 13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one.

26 [(24)] (25) 4-hydroxytestosterone [(4,17 {beta}-dihydroxyandrost-4-
27 en-3-one)] (4, 17{beta}-dihydroxy-androst-4-en-3-one).

1 [(25)] (26) 4-hydroxy-19-nortestosterone
2 (4,17{beta}-dihydroxy-estr-4-en-3-one).

3 [(26)] (27) desoxymethyltestosterone
4 (17{alpha}-methyl-5{alpha}-androst-2-en-17{beta}-ol) (a.k.a., madol).

5 (28) Mestanolone (17{alpha}-methyl-17{beta}-hydroxy-
6 5-androstan-3-one).

7 [(27)] (29) Mesterolone (1{alpha}[-]methyl-17{beta}-hydroxy-
8 {5{alpha}}-androstan-3-one).

9 [(28)] (30) Methandienone (17{alpha}-methyl-17{beta}-hydroxyandrost-1,
10 4-dien-3-one).

11 [(29)] (31) Methandriol (17{alpha}-methyl-3{beta},
12 17{beta}-dihydroxyandrost-5-ene).

13 [(30)] (32) Methenolone (1-methyl-17{beta}-hydroxy-5{alpha}-androst-
14 1-en-3-one).

15 [(31)] (33) 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5a-androstane.

16 [(32)] (34) 17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy-
17 5a-androstane.

18 [(33)] (35) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-4-ene.

19 [(34)] (36) 17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-
20 hydroxy-17{beta}-hydroxyestr-4-en-3-one).

21 [(35)] (37) Methyldienolone (17{alpha}-methyl-17{beta}-hydroxyestra-
22 4,9(10)-dien-3-one).

23 [(36)] (38) Methyltrienolone
24 (17{alpha}-methyl-17{beta}-hydroxyestra-4, 9-11-trien-3-one).

25 [(37)] (39) Methyltestosterone
26 (17{alpha}-methyl-17{beta}-hydroxyandrost- 4-en-3-one).

27 [(38)] (40) Mibolerone
28 (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyestr- 4-en-3-one).

- 1 [(39)] (41) 17{alpha}-methyl-{Delta} 1-dihydrotestosterone
2 (17b{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)
3 (a.k.a. '17-{alpha}-methyl-1-testosterone').
- 4 [(40)] (42) Nandrolone(17{beta}-hydroxyestr-4-en-3-one).
- 5 [(41)] (43) 19-nor-4-androstenediol (3{beta},17{beta}-dihydroxyestr
6 -4-ene).
- 7 [(42)] (44) 19-nor-4-androstenediol (3{alpha},17{beta}-dihydroxyestr-
8 4-ene).
- 9 [(43)] (45) 19-nor-5-androstenediol (3{beta},17{beta}-dihydroxyestr
10 -5-ene).
- 11 [(44)] (46) 19-nor-5-androstenediol (3{alpha},17{beta}-dihydroxyestr-
12 5-ene).
- 13 [(45)] (47) 19-nor-4,9(10)-androstadienedione
14 (estra-4,9(10)-diene-3,17-dione).
- 15 (48) 19-nor-4-androstenedione (estr-4-en-3,17-dione).
- 16 [(46)] (49) 19-nor-5-androstenedione (estr-5-en-3,17-dione).
- 17 [(47)] (50) Norbolethone (13{beta}, 17{alpha}-diethyl-17{beta}
18 -hydroxygon-4-en-3-one).
- 19 [(48)] (51) Norclostebol (4-chloro-17{beta}-hydroxyestr-4-en-3-one).
- 20 [(49)] (52) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyestr-
21 4-en-3-one).
- 22 [(50)] (53) Normethandrolone (17{alpha}-methyl-17{beta}
23 -hydroxyestr-4-en-3-one).
- 24 [(51)] (54) Oxandrolone (17{alpha}-methyl-17{beta}-hydroxy-2-oxa-
25 {5{alpha}}-androstan-3-one).
- 26 [(52)] (55) Oxymesterone (17{alpha}-methyl-4, 17{beta}-dihydroxy[-]
27 androst-4-en-3-one).

1 [(53)] (56) Oxymetholone (17 {alpha}-methyl-2-hydroxymethylene-17
2 {beta}-hydroxy-{5{alpha}}- androstan-3-one).

3 [(54)] (57) Stanozolol (17{alpha}-methyl-17{beta}-hydroxy-{5{alpha}}-
4 androst-2-eno(3, 2-c)-pyrazole).

5 [(55)] (58) Stenbolone (17{beta}-hydroxy-2-methyl-{5{alpha}}-androst-
6 1-en-3-one).

7 [(56)] (59) Testolactone (13-hydroxy-3-oxo-13, 17-secoandrosta-1,
8 4-dien-17-oic acid lactone).

9 [(57)] (60) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).

10 [(58)] (61) Tetrahydrogestrinone (13{beta}, 17{alpha}-diethyl
11 -17{beta}-hydroxygon-4, 9, 11-trien-3-one).

12 [(59)] (62) Trenbolone (17{beta}-hydroxyestr-4, 9, 11-trien-3-one).

13 [(60)] (63) Any salt, ester or ether of a drug or substance described
14 or listed in this subdivision.

15 § 9. The opening paragraph of subdivision (c) of schedule III of
16 section 3306 of the public health law, as added by chapter 664 of the
17 laws of 1985, is amended to read as follows:

18 Unless specifically excepted or unless listed in another schedule, any
19 material, compound, mixture, or preparation which contains any quantity
20 of the following substances having a depressant effect on the central
21 nervous system, including its salts, isomers, and salts of isomers:

22 § 10. Subdivision (e) of schedule III of section 3306 of the public
23 health law, as added by chapter 664 of the laws of 1985, paragraphs 3
24 and 4 as amended by chapter 589 of the laws of 1996 and paragraph 9 as
25 added by chapter 457 of the laws of 2006, is amended to read as follows:

26 (e) Narcotic drugs. Unless specifically excepted or unless listed in
27 another schedule, any material, compound, mixture, or preparation
28 containing any of the following narcotic drugs, or their salts

1 calculated as the free anhydrous base or alkaloid, in limited quantities
2 as set forth below:

3 (1) Not more than 1.8 grams of codeine per one hundred milliliters or
4 not more than ninety milligrams per dosage unit, with an equal or great-
5 er quantity of an isoquinoline alkaloid of opium.

6 (2) Not more than 1.8 grams of codeine per one hundred milliliters or
7 not more than ninety milligrams per dosage unit, with one or more
8 active, nonnarcotic ingredients in recognized therapeutic amounts.

9 (3) [Not more than three hundred milligrams of dihydrocodeinone
10 (hydrocodone) per one hundred milliliters or not more than fifteen
11 milligrams per dosage unit, with a fourfold or greater quantity of an
12 isoquinoline alkaloid of opium.

13 (4) Not more than three hundred milligrams of dihydrocodeinone (hydro-
14 codone) per one hundred milliliters or not more than fifteen milligrams
15 per dosage unit, with one or more active nonnarcotic ingredients in
16 recognized therapeutic amounts.

17 (5)] Not more than 1.8 grams of dihydrocodeine per one hundred milli-
18 liters or not more than ninety milligrams per dosage unit, with one or
19 more active nonnarcotic ingredients in recognized therapeutic amounts.

20 [(6)] (4) Not more than three hundred milligrams of ethylmorphine per
21 one hundred milliliters or not more than fifteen milligrams per dosage
22 unit, with one or more active, nonnarcotic ingredients in recognized
23 therapeutic amounts.

24 [(7)] (5) Not more than five hundred milligrams of opium per one
25 hundred milliliters or per one hundred grams or not more than twenty-
26 five milligrams per dosage unit, with one or more active, nonnarcotic
27 ingredients in recognized therapeutic amounts.

1 ~~[(8)]~~ (6) Not more than fifty milligrams of morphine per one hundred
2 milliliters or per one hundred grams, with one or more active, nonnar-
3 cotic ingredients in recognized therapeutic amounts.

4 ~~[(9)]~~ (7) Buprenorphine in any quantities.

5 § 11. Subdivision (f) of schedule III of section 3306 of the public
6 health law, as amended by chapter 178 of the laws of 2010, is amended to
7 read as follows:

8 (f) ~~[(i)]~~ Dronabinol (synthetic) in sesame oil and encapsulated in a
9 soft gelatin capsule in a [drug product approved for marketing by the]
10 U.S. Food and Drug Administration [~~(FDA)]~~ approved product.

11 ~~[(ii)]~~ Any drug product in tablet or capsule form containing natural
12 dronabinol derived from the cannabis (plant) or synthetic dronabinol
13 (produced from synthetic materials) for which an abbreviated new drug
14 application (ANDA) has been approved by the FDA under section 505(j) of
15 the Federal Food, Drug, and Cosmetic Act which references as its listed
16 drug the drug product referred to in paragraph (i) of this subdivision.]
17 Some other names for dronabinol include: (6aR-trans)-6a, 7, 8, 10a-tet-
18 rahydro-6, 6, 9-trimethyl-3-pentyl-6H-dibenzo{b,d} pyran-1-ol, or
19 (-)-delta-9-(trans) - tetrahydrocannabinol.

20 § 12. Subdivision (c) of schedule IV of section 3306 of the public
21 health law is amended by adding two new paragraphs 52 and 53 to read as
22 follows:

23 (52) Fospropofol.

24 (53) Carisoprodol.

25 § 13. Paragraph 11 of subdivision (e) of schedule IV of section 3306
26 of the public health law, as added by chapter 457 of the laws of 2006,
27 is amended to read as follows:

28 (11) [~~Modafanil]~~ Modafinil.

1 § 14. Subdivision (f) of schedule IV of section 3306 of the public
2 health law is amended by adding a new paragraph 3 to read as follows:

3 (3) Tramadol in any quantities.

4 § 15. Subdivision (b) of schedule V of section 3306 of the public
5 health law, as added by chapter 664 of the laws of 1985, is amended to
6 read as follows:

7 (b) Narcotic drugs containing nonnarcotic active medicinal ingredi-
8 ents. Any compound, mixture, or preparation containing any of the
9 following narcotic drugs, or their salts calculated as the free anhyd-
10 rous base or alkaloid, in limited quantities as set forth below, which
11 shall include one or more nonnarcotic active medicinal ingredients in
12 sufficient proportion to confer upon the compound, mixture, or prepara-
13 tion valuable medicinal [qualitites] qualities other than those
14 possessed by narcotic drugs alone:

15 (1) Not more than two hundred milligrams of codeine per one hundred
16 milliliters or per one hundred grams.

17 (2) Not more than one hundred milligrams of dihydrocodeine per one
18 hundred milliliters or per one hundred grams.

19 (3) Not more than one hundred milligrams of ethylmorphine per one
20 hundred milliliters or per one hundred grams.

21 (4) Not more than 2.5 milligrams of diphenoxylate and not less than
22 twenty-five micrograms of atropine sulfate per dosage unit.

23 (5) Not more than one hundred milligrams of opium per one hundred
24 milliliters or per one hundred grams.

25 (6) Not more than 0.5 milligram of difenoxin and not less than twen-
26 ty-five micrograms of atropine sulfate per dosage unit.

1 § 16. Subdivision (d) of schedule V of section 3306 of the public
2 health law, as added by chapter 178 of the laws of 2010, is amended to
3 read as follows:

4 (d) Depressants. Unless specifically exempted or excluded or unless
5 listed in another schedule, any material, compound, mixture, or prepara-
6 tion which contains any quantity of the following substances having a
7 depressant effect on the central nervous system, including its salts,
8 isomers, and salts of isomers:

9 (1) Ezogabine {N-{2-amino-4-(4-fluorobenzylamino)-phenyl}-carbamic
10 acid ethyl ester}.

11 (2) Lacosamide {(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide}.

12 (3) Pregabalin [(S)-3-(aminomethyl)-5-methylhexanoic acid]}.

13 § 17. Subdivision 7 of section 3331 of the public health law, as
14 amended by chapter 640 of the laws of 1990, is amended to read as
15 follows:

16 7. A practitioner may not administer, prescribe or dispense any
17 substance referred to in subdivision (h) [or subdivision (j)] of Sched-
18 ule II, and subdivision (g) of Schedule III, of section three thousand
19 three hundred six of this article for other than therapeutic purposes. A
20 practitioner may not administer, prescribe or dispense any such
21 substance to any individual without first obtaining the informed consent
22 of such individual, or where the individual lacks capacity to give such
23 consent, a person legally authorized to consent on his or her behalf.

24 § 18. Subdivision 8 of section 220.00 of the penal law, as amended by
25 chapter 664 of the laws of 1985, is amended to read as follows:

26 8. "Narcotic preparation" means any controlled substance listed in
27 schedule II(b-1), III(d) or III(e).

1 § 19. This act shall take effect on the ninetieth day after it shall
2 have become a law; provided that sections two, three, ten, fourteen and
3 eighteen shall take effect on the one hundred eightieth day after it
4 shall have become a law; and provided that sections fifteen and seven-
5 teen of this act shall take effect immediately.

6 PART D

7 Section 1. Subparagraphs (i), (ii) and (iii) of paragraph (b) of
8 subdivision 2 of section 3309-a of the public health law, as added by
9 section 52 of part D of chapter 56 of the laws of 2012, are amended and
10 a new subparagraph (iv) is added to read as follows:

11 (i) Report to the commissioner regarding the development of recommen-
12 dations and model courses for continuing medical education, refresher
13 courses and other training materials for licensed health care profes-
14 sionals on appropriate use of prescription pain medication. Such recom-
15 mendations, model courses and other training materials shall be submit-
16 ted to the commissioner, who shall make such information available for
17 the use in medical education, residency programs, fellowship programs,
18 and for use in continuing medication education programs no later than
19 January first, two thousand thirteen. Such recommendations also shall
20 include recommendations on: (A) educational and continuing medical
21 education requirements for practitioners appropriate to address
22 prescription pain medication awareness among health care professionals;
23 (B) continuing education requirements for pharmacists related to
24 prescription pain medication awareness; and (C) continuing education in
25 palliative care as it relates to pain management, for which purpose the

1 work group shall consult the New York state palliative care education
2 and training council;

3 (ii) No later than January first, two thousand thirteen, provide
4 outreach and assistance to health care professional organizations to
5 encourage and facilitate continuing medical education training programs
6 for their members regarding appropriate prescribing practices for the
7 best patient care and the risks associated with [prescription] overpres-
8 cribing and underprescribing pain medication; [and]

9 (iii) Provide information to the commissioner for use in the develop-
10 ment and continued update of the public awareness campaign, including
11 information, resources, and active web links that should be included on
12 the website[.]; and

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

20 § 2. Subdivision 3 of section 3309-a of the public health law, as
21 added by section 52 of part D of chapter 56 of the laws of 2012, is
22 amended to read as follows:

23 3. On or before September first, two thousand twelve, the commission-
24 er, in consultation with the commissioner of the office of alcoholism
25 and substance abuse services, the commissioner of education, and the
26 executive secretary of the state board of pharmacy, shall add to the
27 workgroup such additional members as appropriate so that the workgroup
28 may provide guidance in furtherance of the implementation of the I-STOP

1 act. For such purposes, the workgroup shall include but not be limited
2 to consumer advisory organizations, health care practitioners and
3 providers, oncologists, addiction treatment providers, practitioners
4 with experience in pain management, pharmacists and pharmacies, and
5 representatives of law enforcement agencies.

6 4. The commissioner shall report to the governor, the temporary presi-
7 dent of the senate and the speaker of the assembly no later than March
8 first, two thousand thirteen, and annually thereafter, on the work
9 group's findings. The report shall include information on opioid over-
10 dose deaths, emergency room utilization for the treatment of opioid
11 overdose, the utilization of pre-hospital addiction services and recom-
12 mendations to reduce opioid addiction and the consequences thereof. The
13 report shall also include a recommendation as to whether subdivision two
14 of section thirty-three hundred forty-three-a of this article should be
15 amended to require practitioners prescribing or dispensing certain iden-
16 tified schedule V controlled substances to comply with the consultation
17 requirements of such subdivision.

18 § 3. This act shall take effect immediately.

19 PART E

20 Section 1. The public health law is amended by adding a new section
21 3343-b to read as follows:

22 § 3343-b. Safe disposal of unused controlled substances. The depart-
23 ment shall establish a program for the safe disposal of unused
24 controlled substances by consumers in accordance with federal law. The
25 program shall permit individual members of the public to voluntarily
26 surrender controlled substances listed on schedule II, III, IV or V of

1 section thirty-three hundred six of this article in a secure manner,
2 without identifying themselves, and shall be publicized consistent with
3 the prescription pain medication awareness program established pursuant
4 to section thirty-three hundred nine-a of this article. The surrender of
5 a controlled substance pursuant to the program established pursuant to
6 this section shall not constitute the possession, transfer or sale of
7 such controlled substance for purposes of this article or the penal law.
8 In developing such program, the department shall consider the following:
9 appropriate sites for disposal throughout the state; the role of law
10 enforcement and federal authorities, as appropriate; and the manner in
11 which potential costs to localities or to the state will be addressed.
12 Disposal sites shall be operated by law enforcement agencies on a volun-
13 tary basis in collaboration with the department. Nothing in this
14 section shall require any political subdivision of the state to partic-
15 ipate in the program established in this section.

16 § 2. This act shall take effect immediately.

17 § 3. Severability clause. If any clause, sentence, paragraph, subdivi-
18 sion, section or part of this act shall be adjudged by any court of
19 competent jurisdiction to be invalid, such judgment shall not affect,
20 impair or invalidate the remainder thereof, but shall be confined in its
21 operation to the clause, sentence, paragraph, subdivision, section or
22 part thereof directly involved in the controversy in which such judgment
23 shall have been rendered. It is hereby declared to be the intent of the
24 legislature that this act would have been enacted even if such invalid
25 provisions had not been included herein.

26 § 4. This act shall take effect immediately; provided, however, that
27 the applicable effective date of Parts A through E of this act shall be
28 as specifically set forth in the last section of such Parts.

