

PROGRAM BILL #33

Legislative Bill Drafting Commission
12080-01-6

IN SENATE

Senate introducer's signature

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

S. _____
Senate

s15 Addabbo	s31 Espallat	s27 Hoylman	s25 Montgomery	s56 Robach
s52 Akshar	s49 Farley	s09 Kaminsky	s40 Murphy	s10 Sanders
s46 Amedore	s17 Felder	s63 Kennedy	s54 Nozzolio	s23 Savino
s11 Avella	s02 Flanagan	s34 Klein	s58 O'Mara	s41 Serino
s42 Bonacic	s55 Funke	s28 Krueger	s62 Ortt	s29 Serrano
s04 Boyle	s59 Gallivan	s24 Lanza	s60 Panepinto	s51 Seward
s44 Breslin	s12 Gianaris	s39 Larkin	s21 Parker	s26 Squadron
s38 Carlucci	s22 Golden	s37 Latimer	s13 Peralta	s16 Stavisky
s14 Comrie	s47 Griffio	s01 LaValle	s30 Perkins	s35 Stewart-
s03 Croci	s20 Hamilton	s45 Little	s19 Persaud	Cousins
s50 DeFrancisco	s06 Hannon	s05 Marcellino	s61 Ranzenhofer	s53 Valesky
s32 Diaz	s36 Hassell-	s43 Marchione	s48 Ritchie	s08 Venditto
s18 Dilan	Thompson	s07 Martins	s33 Rivera	s57 Young

IN SENATE--Introduced by Sen

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

----- A.
Assembly

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:

IN ASSEMBLY--Introduced by M. of A.

a049 Abbate	a034 DenDekker	a011 Jean-Pierre	a003 Murray	a076 Seawright
a092 Abinanti	a054 Dilan	a135 Johns	a133 Nojay	a087 Sepulveda
a084 Arroyo	a081 Dinowitz	a077 Joyner	a037 Nolan	a027 Simanowitz
a035 Aubry	a147 DiPietro	a094 Katz	a130 Oaks	a052 Simon
a120 Barclay	a115 Duprey	a074 Kavanagh	a069 O'Donnell	a036 Simotas
a106 Barrett	a004 Englebright	a142 Kearns	a051 Ortiz	a104 Skartados
a060 Barron	a109 Fahy	a040 Kim	a091 Otis	a099 Skoufis
a082 Benedetto	a071 Farrell	a131 Kolb	a132 Palmesano	a022 Solages
a042 Bichotte	a126 Finch	a105 Lalor	a002 Palumbo	a114 Stec
a079 Blake	a008 Fitzpatrick	a013 Lavine	a088 Paulin	a110 Steck
a117 Blankenbush	a124 Friend	a134 Lawrence	a141 Peoples-	a127 Stirpe
a098 Brabenec	a095 Galef	a050 Lento1	Stokes	a112 Tedisco
a026 Braunstein	a137 Gantt	a125 Lifton	a058 Perry	a101 Tenney
a044 Brennan	a007 Garbarino	a072 Linares	a086 Pichardo	a001 Thiele
a119 Brindisi	a148 Giglio	a102 Lopez	a089 Pretlow	a061 Titone
a138 Bronson	a080 Gjonaj	a123 Lupardo	a073 Quart	a031 Titus
a093 Buchwald	a066 Glick	a010 Lupinacci	a019 Ra	a055 Walker
a118 Butler	a023 Goldfeder	a121 Magee	a012 Raia	a146 Walter
a103 Cahill	a150 Goodell	a129 Magnarelli	a006 Ramos	a141 Weinstein
a065 Cancel	a075 Gottfried	a064 Malliotakis	a043 Richardson	a024 Weprin
a062 Castorina	a005 Graf	a030 Markey	a078 Rivera	a059 Williams
a145 Ceretto	a100 Gunther	a090 Mayer	a056 Robinson	a113 Woerner
a047 Colton	a046 Harris	a108 McDonald	a068 Rodriguez	a143 Wozniak
a032 Cook	a139 Hawley	a014 McDonough	a067 Rosenthal	a070 Wright
a144 Corwin	a083 Heastie	a017 McKeivitt	a025 Rozic	a096 Zebrowski
a085 Crespo	a028 Hevesi	a107 McLaughlin	a116 Russell	a020
a122 Crouch	a048 Hikind	a038 Miller	a149 Ryan	a033
a021 Curran	a018 Hooper	a015 Montesano	a009 Saladino	
a063 Cusick	a128 Hunter	a136 Morelle	a111 Santabarbara	
a045 Cymbrowitz	a029 Hyndman	a057 Mosley	a016 Schimel	
a053 Davila	a097 Jaffee	a039 Moya	a140 Schimminger	

with M. of A. as co-sponsors

--read once and referred to the
Committee on

PUBHEALA
(Relates to the treatment of heroin
and opioid addictions)

Pub Heal. heroin and opioid addic

AN ACT

to amend the public health law, in
relation to providing training in
pain management for certain individ-
uals (Part A); to amend the insur-
ance law, in relation to providing
coverage for medically necessary
inpatient services for the diagnosis
and treatment of substance abuse
disorder (Part B); to amend the
public health law, the social
services law, and the insurance law,
in relation to limiting initial
prescriptions for opioids to a
seven-day supply (Part C); and to

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).

1 Section 1. This act enacts into law major components of legislation
2 related to the treatment of heroin and opioid addictions. Each component
3 is wholly contained within a Part identified as Parts A through D. The
4 effective date for each particular provision contained within such Part
5 is set forth in the last section of such Part. Any provision in any
6 section contained within a Part, including the effective date of the
7 Part, which makes a reference to a section "of this act", when used in
8 connection with that particular component, shall be deemed to mean and
9 refer to the corresponding section of the Part in which it is found.
10 Section three of this act sets forth the general effective date of this
11 act.

12

PART A

13 Section 1. Section 3309-a of the public health law, as added by
14 section 52 of part D of chapter 56 of the laws of 2012, subparagraphs
15 (i), (ii), and (iii) of paragraph (b) of subdivision 2 as amended by and
16 subparagraph (iv) of paragraph (b) of subdivision 2 as added by section
17 1 of part D of chapter 447 of the laws of 2012, and subdivisions 3 and 4
18 as amended by section 2 of part D of chapter 447 of the laws of 2012, is
19 amended to read as follows:

20 § 3309-a. Prescription pain medication awareness program. 1. There is
21 hereby established within the department a prescription pain medication
22 awareness program to educate the public and health care practitioners
23 about the risks associated with prescribing and taking controlled
24 substance pain medications.

1 2. Within the amounts appropriated, the commissioner, in consultation
2 with the commissioner of the office of alcoholism and substance abuse
3 services, shall[:

4 (a) Develop] develop and conduct a public health education media
5 campaign designed to alert youth, parents and the general population
6 about the risks associated with prescription pain medications and the
7 need to properly dispose of any unused medication. In developing this
8 campaign, the commissioner shall consult with and use information
9 provided by the work group established pursuant to subdivision [(b)]
10 four of this section and other relevant professional organizations. The
11 campaign shall include an internet website providing information for
12 parents, children and health care professionals on the risks associated
13 with taking opioids and resources available to those needing assistance
14 with prescription pain medication addiction. Such website shall also
15 provide information regarding where individuals may properly dispose of
16 controlled substances in their community and include active links to
17 further information and resources. The campaign shall begin no later
18 than September first, two thousand twelve.

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

1 in pain management, palliative care, and addiction approved by the
2 department.

3 (b) Every person licensed on or after July first, two thousand seven-
4 teen under title eight of the education law to treat humans, registered
5 under the federal controlled substances act and in possession of a
6 registration number from the drug enforcement administration, United
7 States Department of Justice or its successor agency, and every medical
8 resident who begins prescribing under a facility registration number
9 from the drug enforcement administration, United States Department of
10 Justice or its successor agency on or after July first, two thousand
11 seventeen, shall complete such course work or training within one year
12 of such registration and once within each three year period thereafter.

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

19 (d) Existing course work or training, including course work or train-
20 ing developed by a nationally recognized health care professional,
21 specialty, or provider association, or nationally recognized pain
22 management association, may be considered in implementing this subdivi-
23 sion.

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

27 (f) Course work or training shall include, but not be limited to:
28 state and federal requirements for prescribing controlled substances;

1 pain management; appropriate prescribing; managing acute pain; pallia-
2 tive medicine; prevention, screening and signs of addiction; responses
3 to abuse and addiction; and end of life care.

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

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

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

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

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

7 [[i]] (a) Report to the commissioner regarding the development of
8 recommendations and model courses for continuing medical education,
9 refresher courses and other training materials for licensed health care
10 professionals on appropriate use of prescription pain medication. Such
11 recommendations, model courses and other training materials shall be
12 submitted to the commissioner, who shall make such information available
13 for the use in medical education, residency programs, fellowship
14 programs, and for use in continuing medication education programs no
15 later than January first, two thousand thirteen. Such recommendations
16 also shall include recommendations on: [[A]] (i) educational and contin-
17 uing medical education requirements for practitioners appropriate to
18 address prescription pain medication awareness among health care profes-
19 sionals; [[B]] (ii) continuing education requirements for pharmacists
20 related to prescription pain medication awareness; and [[C]] (iii)
21 continuing education in palliative care as it relates to pain manage-
22 ment, for which purpose the work group shall consult the New York state
23 palliative care education and training council;

24 [[ii]] (b) No later than January first, two thousand thirteen, provide
25 outreach and assistance to health care professional organizations to
26 encourage and facilitate continuing medical education training programs
27 for their members regarding appropriate prescribing practices for the

1 best patient care and the risks associated with overprescribing and
2 underprescribing pain medication;

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

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

14 [3.] 5. On or before September first, two thousand twelve, the commis-
15 sioner, in consultation with the commissioner of the office of alcohol-
16 ism and substance abuse services, the commissioner of education, and the
17 executive secretary of the state board of pharmacy, shall add to the
18 workgroup such additional members as appropriate so that the workgroup
19 may provide guidance in furtherance of the implementation of the I-STOP
20 act. For such purposes, the workgroup shall include but not be limited
21 to consumer advisory organizations, health care practitioners and
22 providers, oncologists, addiction treatment providers, practitioners
23 with experience in pain management, pharmacists and pharmacies, and
24 representatives of law enforcement agencies.

25 [4.] 6. The commissioner shall report to the governor, the temporary
26 president of the senate and the speaker of the assembly no later than
27 March first, two thousand thirteen, and annually thereafter, on the work
28 group's findings. The report shall include information on opioid over-

1 dose deaths, emergency room utilization for the treatment of opioid
2 overdose, the utilization of pre-hospital addiction services and recom-
3 mendations to reduce opioid addiction and the consequences thereof.
4 [The report shall also include a recommendation as to whether subdivi-
5 sion two of section thirty-three hundred forty-three-a of this article
6 should be amended to require practitioners prescribing or dispensing
7 certain identified schedule V controlled substances to comply with the
8 consultation requirements of such subdivision.]

9 § 2. This act shall take effective immediately.

10

PART B

11 Section 1. Paragraph 30 of subsection (i) of section 3216 of the
12 insurance law, as added by chapter 41 of the laws of 2014, is amended to
13 read as follows:

14 (30)(A) Every policy that provides hospital, major medical or similar
15 comprehensive coverage must provide inpatient coverage for the diagnosis
16 and treatment of substance use disorder, including detoxification and
17 rehabilitation services. Such inpatient coverage shall include unlimited
18 medically necessary treatment for substance use disorder treatment
19 services provided in residential settings as required by the Mental
20 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).
21 Further, such inpatient coverage shall not apply financial requirements
22 or treatment limitations, including utilization review requirements, to
23 inpatient substance use disorder benefits that are more restrictive than
24 the predominant financial requirements and treatment limitations applied
25 to substantially all medical and surgical benefits covered by the poli-
26 cy. Further, such coverage shall be provided consistent with the feder-

1 al Paul Wellstone and Pete Domenici Mental Health Parity and Addiction
2 Equity Act of 2008 (29 U.S.C. § 1185a).

3 (B) Coverage provided under this paragraph may be limited to facili-
4 ties in New York state which are certified by the office of alcoholism
5 and substance abuse services and, in other states, to those which are
6 accredited by the joint commission as alcoholism, substance abuse, or
7 chemical dependence treatment programs.

8 (C) Coverage provided under this paragraph may be subject to annual
9 deductibles and co-insurance as deemed appropriate by the superintendent
10 and that are consistent with those imposed on other benefits within a
11 given policy.

12 (D) This subparagraph shall apply to facilities in this state certi-
13 fied by the office of alcoholism and substance abuse services that are
14 participating in the insurer's provider network. Coverage provided under
15 this paragraph shall not be subject to preauthorization. Coverage
16 provided under this paragraph shall also not be subject to concurrent
17 utilization review during the first fourteen days of the inpatient
18 admission provided that the facility notifies the insurer of both the
19 admission and the initial treatment plan within forty-eight hours of the
20 admission. The facility shall perform daily clinical review of the
21 patient, including the periodic consultation with the insurer to ensure
22 that the facility is using the evidence-based and peer reviewed clinical
23 review tool utilized by the insurer which is designated by the office of
24 alcoholism and substance abuse services and appropriate to the age of
25 the patient, to ensure that the inpatient treatment is medically neces-
26 sary for the patient. Any utilization review of treatment provided under
27 this subparagraph may include a review of all services provided during
28 such inpatient treatment, including all services provided during the

1 first fourteen days of such inpatient treatment. Provided, however, the
2 insurer shall only deny coverage for any portion of the initial fourteen
3 day inpatient treatment on the basis that such treatment was not
4 medically necessary if such inpatient treatment was contrary to the
5 evidence-based and peer reviewed clinical review tool utilized by the
6 insurer which is designated by the office of alcoholism and substance
7 abuse services. An insured shall not have any financial obligation to
8 the facility for any treatment under this subparagraph other than any
9 copayment, coinsurance, or deductible otherwise required under the poli-
10 cy.

11 § 2. Paragraph 6 of subsection (1) of section 3221 of the insurance
12 law, as amended by chapter 41 of the laws of 2014, is amended to read as
13 follows:

14 (6) (A) Every policy that provides hospital, major medical or similar
15 comprehensive coverage must provide inpatient coverage for the diagnosis
16 and treatment of substance use disorder, including detoxification and
17 rehabilitation services. Such inpatient coverage shall include unlimited
18 medically necessary treatment for substance use disorder treatment
19 services provided in residential settings as required by the Mental
20 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).
21 Further, such inpatient coverage shall not apply financial requirements
22 or treatment limitations, including utilization review requirements, to
23 inpatient substance use disorder benefits that are more restrictive than
24 the predominant financial requirements and treatment limitations applied
25 to substantially all medical and surgical benefits covered by the poli-
26 cy. Further, such coverage shall be provided consistent with the feder-
27 al Paul Wellstone and Pete Domenici Mental Health Parity and Addiction
28 Equity Act of 2008 (29 U.S.C. § 1185a).

1 (B) Coverage provided under this paragraph may be limited to facili-
2 ties in New York state which are certified by the office of alcoholism
3 and substance abuse services and, in other states, to those which are
4 accredited by the joint commission as alcoholism, substance abuse or
5 chemical dependence treatment programs.

6 (C) Coverage provided under this paragraph may be subject to annual
7 deductibles and co-insurance as deemed appropriate by the superintendent
8 and that are consistent with those imposed on other benefits within a
9 given policy.

10 (D) This subparagraph shall apply to facilities in this state certi-
11 fied by the office of alcoholism and substance abuse services that are
12 participating in the insurer's provider network. Coverage provided under
13 this paragraph shall not be subject to preauthorization. Coverage
14 provided under this paragraph shall also not be subject to concurrent
15 utilization review during the first fourteen days of the inpatient
16 admission provided that the facility notifies the insurer of both the
17 admission and the initial treatment plan within forty-eight hours of the
18 admission. The facility shall perform daily clinical review of the
19 patient, including the periodic consultation with the insurer to ensure
20 that the facility is using the evidence-based and peer reviewed clinical
21 review tool utilized by the insurer which is designated by the office of
22 alcoholism and substance abuse services and appropriate to the age of
23 the patient, to ensure that the inpatient treatment is medically neces-
24 sary for the patient. Any utilization review of treatment provided under
25 this subparagraph may include a review of all services provided during
26 such inpatient treatment, including all services provided during the
27 first fourteen days of such inpatient treatment. Provided, however, the
28 insurer shall only deny coverage for any portion of the initial fourteen

1 day inpatient treatment on the basis that such treatment was not
2 medically necessary if such inpatient treatment was contrary to the
3 evidence-based and peer reviewed clinical review tool utilized by the
4 insurer which is designated by the office of alcoholism and substance
5 abuse services. An insured shall not have any financial obligation to
6 the facility for any treatment under this subparagraph other than any
7 copayment, coinsurance, or deductible otherwise required under the poli-
8 cy.

9 § 3. Subsection (k) of section 4303 of the insurance law, as amended
10 by chapter 41 of the laws of 2014, is amended to read as follows:

11 (k)(1) Every contract that provides hospital, major medical or similar
12 comprehensive coverage must provide inpatient coverage for the diagnosis
13 and treatment of substance use disorder, including detoxification and
14 rehabilitation services. Such inpatient coverage shall include unlimit-
15 ed medically necessary treatment for substance use disorder treatment
16 services provided in residential settings as required by the Mental
17 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).
18 Further, such inpatient coverage shall not apply financial requirements
19 or treatment limitations, including utilization review requirements, to
20 inpatient substance use disorder benefits that are more restrictive than
21 the predominant financial requirements and treatment limitations applied
22 to substantially all medical and surgical benefits covered by the
23 contract. Further, such coverage shall be provided consistent with the
24 federal Paul Wellstone and Pete Domenici Mental Health Parity and
25 Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

26 (2) Coverage provided under this subsection may be limited to facili-
27 ties in New York state which are certified by the office of alcoholism
28 and substance abuse services and, in other states, to those which are

1 accredited by the joint commission as alcoholism, substance abuse, or
2 chemical dependence treatment programs.

3 (3) Coverage provided under this subsection may be subject to annual
4 deductibles and co-insurance as deemed appropriate by the superintendent
5 and that are consistent with those imposed on other benefits within a
6 given contract.

7 (4) This paragraph shall apply to facilities in this state certified
8 by the office of alcoholism and substance abuse services that are
9 participating in the corporation's provider network. Coverage provided
10 under this subsection shall not be subject to preauthorization. Coverage
11 provided under this subsection shall also not be subject to concurrent
12 utilization review during the first fourteen days of the inpatient
13 admission provided that the facility notifies the corporation of both
14 the admission and the initial treatment plan within forty-eight hours of
15 the admission. The facility shall perform daily clinical review of the
16 patient, including the periodic consultation with the corporation to
17 ensure that the facility is using the evidence-based and peer reviewed
18 clinical review tool utilized by the corporation which is designated by
19 the office of alcoholism and substance abuse services and appropriate to
20 the age of the patient, to ensure that the inpatient treatment is
21 medically necessary for the patient. Any utilization review of treatment
22 provided under this paragraph may include a review of all services
23 provided during such inpatient treatment, including all services
24 provided during the first fourteen days of such inpatient treatment.
25 Provided, however, the corporation shall only deny coverage for any
26 portion of the initial fourteen day inpatient treatment on the basis
27 that such treatment was not medically necessary if such inpatient treat-
28 ment was contrary to the evidence-based and peer reviewed clinical

1 review tool utilized by the corporation which is designated by the
2 office of alcoholism and substance abuse services. An insured shall not
3 have any financial obligation to the facility for any treatment under
4 this paragraph other than any copayment, coinsurance, or deductible
5 otherwise required under the contract.

6 § 4. This act shall take effect on the first of January next succeed-
7 ing the date on which it shall have become a law and shall apply to
8 policies and contracts issued, renewed, modified, altered or amended on
9 and after such date.

10

PART C

11 Section 1. Subdivision 5 of section 3331 of the public health law, as
12 amended by chapter 965 of the laws of 1974, is amended to read as
13 follows:

14 5. (a) No more than a thirty day supply or, pursuant to regulations of
15 the commissioner enumerating conditions warranting specified greater
16 supplies, no more than a three month supply of a schedule II, III or IV
17 substance, as determined by the directed dosage and frequency of dosage,
18 may be dispensed by an authorized practitioner at one time.

19 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
20 sion, a practitioner, within the scope of his or her professional opin-
21 ion or discretion, may not prescribe more than a seven-day supply of any
22 schedule II, III, or IV opioid to an ultimate user upon the initial
23 consultation or treatment of such user for acute pain. Upon any subse-
24 quent consultations for the same pain, the practitioner may issue, in
25 accordance with paragraph (a) of this subdivision, any appropriate
26 renewal, refill, or new prescription for the opioid or any other drug.

1 (c) For the purposes of this subdivision, "acute pain" shall mean
2 pain, whether resulting from disease, accidental or intentional trauma,
3 or other cause, that the practitioner reasonably expects to last only a
4 short period of time. Such term shall not include chronic pain, pain
5 being treated as part of cancer care, hospice or other end-of-life care,
6 or pain being treated as part of palliative care practices.

7 § 2. Subsection (i) of section 3216 of the insurance law is amended by
8 adding a new paragraph 33 to read as follows:

9 (33) Every policy delivered or issued for delivery in this state that
10 provides coverage for prescription drugs subject to a copayment shall
11 charge a copayment for a limited initial prescription of an opioid drug,
12 which is prescribed in accordance with paragraph (b) of subdivision five
13 of section thirty-three hundred one of the public health law, that is
14 either (i) proportional between the copayment for a thirty-day supply
15 and the amount of drugs the patient was prescribed; or (ii) equivalent
16 to the copayment for a full thirty-day supply of the opioid drug,
17 provided that no additional copayments may be charged for any additional
18 prescriptions for the remainder of the thirty-day supply.

19 § 3. Subsection (k) of section 3221 of the insurance law is amended by
20 adding a new paragraph 21 to read as follows:

21 (21) Every group or blanket policy delivered or issued for delivery in
22 this state that provides coverage for prescription drugs subject to a
23 copayment shall charge a copayment for a limited initial prescription of
24 an opioid drug, which is prescribed in accordance with paragraph (b) of
25 subdivision five of section thirty-three hundred one of the public
26 health law, that is either (i) proportional between the copayment for a
27 thirty-day supply and the amount of drugs the patient was prescribed; or
28 (ii) equivalent to the copayment for a full thirty-day supply of the

1 opioid drug, provided that no additional copayments may be charged for
2 any additional prescriptions for the remainder of the thirty-day supply.

3 § 4. Section 4303 of the insurance law is amended by adding a new
4 subsection (qq) to read as follows:

5 (qq) Every medical expense indemnity corporation, hospital service
6 corporation or health service corporation that provides coverage for
7 prescription drugs subject to a copayment shall charge a copayment for a
8 limited initial prescription of an opioid drug, which is prescribed in
9 accordance with paragraph (b) of subdivision five of section thirty-
10 three hundred one of the public health law, that is either (i) propor-
11 tional between the copayment for a thirty-day supply and the amount of
12 drugs the patient was prescribed; or (ii) equivalent to the copayment
13 for a full thirty-day supply of the opioid drug, provided that no addi-
14 tional copayments may be charged for any additional prescriptions for
15 the remainder of the thirty-day supply.

16 § 5. Paragraph (c) of subdivision 6 of section 367-a of the social
17 services law is amended by adding a new subparagraph (iv) to read as
18 follows:

19 (iv) When an individual is initially dispensed or prescribed a seven
20 or fewer days supply of an opioid pursuant to paragraph (b) of subdivi-
21 sion five of section three thousand three hundred thirty-one of the
22 public health law, and is subsequently dispensed or prescribed an addi-
23 tional supply of such opioid for the same underlying condition, the
24 total co-payment that may be charged to such an individual for the
25 initial prescription plus all subsequent prescriptions for the same
26 underlying condition for up to a total of thirty-days supply of such
27 opioid shall not exceed the amount set forth in subparagraph (iii) of
28 this paragraph.

1 § 6. This act shall take effect on the thirtieth day after it shall
2 have become a law; provided, that the amendments to paragraph (c) of
3 subdivision 6 of section 367-a of the social services law made by
4 section five of this act shall not affect the repeal of such paragraph
5 and shall expire and be deemed repealed therewith.

6 PART D

7 Section 1. Section 19.09 of the mental hygiene law is amended by
8 adding a new subdivision (j) to read as follows:

9 (j) (1) The commissioner, in consultation with the commissioner of
10 health, shall create or utilize existing educational materials regarding
11 the dangers of misuse and the potential for addiction to prescription
12 controlled substances, treatment resources available, and the proper way
13 to dispose of unused prescription controlled substances in accordance
14 with paragraph two of this subdivision.

15 (i) Such materials shall be made available to pharmacies registered in
16 the state, and shall be distributed at the time of dispensing with any
17 prescribed drug that is a controlled substance. Information disseminated
18 pursuant to this paragraph may, at the option of the consumer, be
19 distributed through electronic means.

20 (ii) Such materials shall also be posted on the website of the office
21 of alcoholism and substance abuse services and of the department of
22 health, and shall be provided in languages other than English as deemed
23 appropriate by the commissioners, but shall include the ten most common-
24 ly spoken languages, aside from English, in the state.

25 (2) The educational materials required in paragraph one of this subdi-
26 vision shall include the following:

- 1 (a) the risks of using or consuming such controlled substances;
2 (b) the physical, behavioral and advanced warning signs of addiction
3 to such controlled substances;
4 (c) the HOPELINE telephone contract number (1-877-8-HOPE-NY) and text
5 (HOPENY) for the HOPELINE operated by the office, or any number that
6 succeeds the HOPELINE;
7 (d) the procedures for the safe disposal of unused controlled
8 substances established pursuant to section thirty-three hundred forty-
9 three-b of the public health law; and
10 (e) such other information as the commissioner shall determine to be
11 necessary or informative relating to the use, consumption or abuse of,
12 or addiction to controlled substances.

13 (3) A pharmacy may also provide additional information regarding the
14 safe disposal of controlled substances, including but not limited to any
15 disposal program that such pharmacy is operating or participating in
16 outside of the programs under section thirty-three hundred forty-three-b
17 of the public health law.

18 § 2. Paragraphs (e) and (f) of subdivision 5 of section 3381 of the
19 public health law, as amended by section 9-a of part B of chapter 58 of
20 the laws of 2007, are amended to read as follows:

21 (e) A pharmacy registered under article one hundred thirty-seven of
22 the education law may offer counseling and referral services to custom-
23 ers purchasing hypodermic syringes for the purpose of: preventing
24 injection drug abuse; the provision of drug treatment; preventing and
25 treating hepatitis C; preventing drug overdose; testing for the human
26 immunodeficiency virus; and providing pre-exposure prophylaxis and non-
27 occupational post-exposure prophylaxis. The content of such counseling
28 and referral shall be at the professional discretion of the pharmacist.

1 (f) The commissioner shall promulgate rules and regulations necessary
2 to implement the provisions of this subdivision which shall include a
3 requirement that such pharmacies, health care facilities and health care
4 practitioners cooperate in a safe disposal of used hypodermic needles or
5 syringes.

6 ~~[(f)]~~ (g) The commissioner may, upon the finding of a violation of
7 this section, suspend for a determinate period of time the sale or
8 furnishing of syringes by a specific entity.

9 § 3. This act shall take effect on the one hundred twentieth day after
10 it shall have become a law; provided, however, that effective immediate-
11 ly the office of alcoholism and substance abuse services may create the
12 educational materials required pursuant to section one of this act.

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

22 § 3. This act shall take effect immediately provided, however, that
23 the applicable effective date of Parts A through D of this act shall be
24 as specifically set forth in the last section of such Parts.