

**GOVERNOR'S PROGRAM BILL**

**2016**

**MEMORANDUM**

AN ACT to amend the public health law, in relation to providing training in pain management for certain individuals (Part A); to amend the insurance law, in relation to providing coverage for necessary inpatient services for the diagnosis and treatment of substance use 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 amend the mental hygiene law and the public health law, in relation to the dissemination of information by pharmacists to customers regarding controlled substances and counseling for individuals purchasing syringes (Part D)

**Purpose of the Bill:**

The purpose of this bill is to require continuing medical education on pain management by physicians and other healthcare providers, to mandate insurance coverage for needed inpatient treatment services, to limit opioid prescriptions from 30-day supplies to 7-day supplies, and to require pharmacists to provide additional education and counseling to those receiving opioids.

**Summary of Provisions:**

**Part A**

Section 1 of this bill would require physicians and other individuals authorized to prescribe opioids by the U.S. Drug Enforcement Administration to complete mandatory three hours of coursework on pain management, palliative care, and addiction every three years by amending Pub. Health L. § 3309-a. Certain exemptions would apply.

Section 2 would make the bill effective immediately.

**Part B**

Sections 1, 2, and 3 of this bill would break down barriers to inpatient opioid treatment by requiring insurance companies to: (i) provide insurance coverage, without prior authorization, for inpatient services for the diagnosis and treatment of a substance use disorder as long as needed; and (ii) only conduct a utilization review, including retrospective review, commencing on or after the fifteenth day by amending Ins. L. §§ 3216(i)(30), 3221(l)(6), and 4303(k). Patients

would also be held harmless for any costs, other than copayments or coinsurances, for the provision of these services.

Section 4 would set forth the effective date of the bill.

### **Part C**

Section 1 of this bill would prohibit doctors from prescribing schedule II, III, or IV opioids in an amount greater than a seven-day supply (from the current law of 30-days) by amending Pub. Health L. § 3331(5).

Sections 2, 3, and 4 of this bill would amend the insurance law to provide that consumers shall remain eligible for coverage up to a 30-day supply but only pay a single copayment for this amount of medication or instead a copayment proportionate to the amount of medication received at a given time.

Section 5 of this bill would amend Soc. Serv. L. § 367-a(6) to provide that customers of managed care organizations only be required to pay a copayment that is in proportion to the amount of medication that they received.

Section 6 would make the bill effective on the 30<sup>th</sup> day after enactment.

### **Part D**

Section 1 of this bill would amend Men. Hyg. L. § 19.09 to require the commissioner of the office of alcoholism and substance abuse services to create educational materials that would be disseminated by a pharmacist to a consumer at the time the consumer receives his or her prescription of controlled substances (OASAS). This section would also allow that such materials be disseminated electronically at the request of the consumer, and would require OASAS to post the information on its website.

Section 2 of this bill would amend Pub. Health L. §3381(5) to authorize pharmacists to offer counseling and referral services to individuals purchasing hypodermic needles.

Section 3 would make the bill effective immediately.

### **Statement in Support:**

This bill would enact a number of initiatives to address the State's current heroin and opioid crisis, including requiring prescriber education and providing insurance coverage for necessary inpatient services for the diagnosis and treatment of substance use disorder.

### **Part A**

While legally prescribed medications play an important role in the treatment and management of pain, it is critical that prescribers receive updated education on these medications, their use, and potential associated risks for patients. This bill would require certain prescribers to complete three hours of coursework on pain management, palliative care, and addiction every three years. Since many types of health care professionals have the ability to

prescribe opioids, this requirement would apply to physicians, nurse practitioners, physician assistants, podiatrists, dentists, and midwives.

### **Part B**

Any person who needs inpatient medical services at a detoxification or treatment facility must first receive prior approval from their insurance company before they can be admitted. This process can take several days and prevents individuals from getting timely access to treatment. Further, even after admission to a facility, insurers can immediately conduct clinical reviews to determine if inpatient treatment remains necessary. These processes take valuable time away from clinical staff and serve as a barrier for people trying to access inpatient treatment. This bill would eliminate prior authorization for necessary inpatient treatment services to get patients in the door of a treatment facility and would only allow insurers to commence utilization review after fourteen days.

### **Part C**

While New York has made strides towards reducing “doctor shopping” through I-STOP and the prescription monitoring program, overprescribing continues, and admissions to OASAS-certified treatment programs for opioids increased 20 percent from 2011 to 2015. The federal Centers for Disease Control and Prevention recently issued its “Guideline for Prescribing Opioids for Chronic Pain” recommending that “when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.”

To limit access to unused medication and reduce the likelihood that a patient with a prescription may become addicted to opioids, this bill would limit the initial prescription of an opioid to no more than a 7-day supply, with exceptions for chronic pain, cancer, and palliative care.

### **PART D**

Pharmacists play a critical role in educating consumers about prescription pain medications before a consumer becomes addicted. This bill would require pharmacists to educate consumers about the risk of addiction and available treatment resources for substance use disorder.

Further, a pharmacist should be able to counsel individuals seeking to purchase hypodermic needles. This bill would authorize a pharmacist to counsel a person purchasing hypodermic needles on preventing drug abuse, the availability of drug abuse treatment services, preventing and treating Hepatitis C, and testing for the human immunodeficiency virus.

**Budget Implications:**

None

**Effective Date:**

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