Memorandum in Opposition
A3741 (McDonald)/S4482 (Harckham)
Senate and Assembly Health Committee

AN ACT to amend the public health law, in relation to requiring practitioners who administer naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose to report the administration of the agent to the prescription monitoring program registry.

The New York American College of Emergency Physicians (New York ACEP) strongly supports the Internet System for Tracking Over-Prescribing Act (I-STOP) enacted in 2012 to combat the growing epidemic of prescription drug misuse and overdose. The new Prescription Drug Monitoring Program (PMP) has proven to be highly successful. According to the most recent data from the New York State Department of Health (NYS DOH), there has been a 74.9% decrease in “doctor shopping” for controlled substances since the program’s inception.

Assembly bill 3741 (McDonald) requires all medical practitioners who administer naloxone or other overdose reversal agents to a patient to report to the PMP within 72 hours of administration of the agent the following information: 1) name of patient; 2) address of patient; 3) date of birth of patient; and 4) time and place of administration. New York ACEP supports the goals of this legislation to help to alleviate the rampant opioid abuse and addiction in the State. However, the bill poses certain practical problems that would make implementation extremely difficult, if not impossible.

This proposal will impede timely access to patient care in hospital emergency departments. The PMP is very cumbersome to navigate. It interrupts clinical workflow because providers must log-on to a separate system, the Health Commerce System, which requires multiple log-ins and steps. The requirements of this proposal would be particularly onerous for smaller emergency departments.

Emergency Medical Services (EMS) providers do not have access to the PMP. Since the bill requires “all practitioners” to provide the information, it will fall on physicians in the emergency department to log-in to the system and report information on patients arriving by ambulance.

In addition, New York ACEP has concerns about violation of patient confidentiality in the reporting of this data and the provision of misleading data. Some patients with mental health conditions are prescribed naloxone in the emergency department who have no history of drug use or overdose. This bill would result in such patients being mislabeled.

Since there is currently no mechanism within the PMP for practitioners to input the data required by this bill, the NYS DOH would have to make system changes to achieve the goals of the legislation. A better and far more efficient approach would be for the NYS DOH to transfer information from their SPARCs data system directly to the PMP. As noted in the bill sponsor’s memo, the NYS DOH currently collects inpatient and outpatient data in the SPARCs system using ICD-10 codes to identify naloxone administration, all drug overdoses, opioid drug overdoses and heroin drug overdoses. Since the NYS DOH maintains both databases, they could more easily transfer the data to the PMP and create an “alert flag” which prescribers could see when writing prescriptions.
Another approach could be the expansion of existing efforts at the local level for system wide tracking with targeted education and prevention efforts which has been successful in some communities. For example, in Nassau County, the local Department of Health and the Nassau County Police Department have created an almost real time tracking requirement. Any prehospital use of overdose reversal agents by these agencies requires a landline call to regional medical control. They take the address of the caller and use it to look for “hot spots” for targeted education and prevention. Since 2012, in Monroe County, EMS and law enforcement data have been provided to the Monroe Crime Analysis Center.

Finally, the current language in the bill could be amended to require the creation of an electronic report within the PMP where a single click would provide the information. This would be similar to the button that already exists within the PMP to “Report Suspicious Activity.”

In summary, New York ACEP supports the intent of this legislation to work to alleviate the prescription drug misuse and overdose epidemic in New York State. However, it would be impractical to implement these requirements in the busy emergency department environment. Therefore, New York ACEP is opposed to this bill.
A 3741  McDonald (MS)  Same as S 4482  HARCKHAM
Public Health Law
TITLE....Requires practitioners who administer naloxone or another overdose reversal agent to a patient to report the administration of the agent to the prescription monitoring program registry
01/31/19 referred to health
01/08/20 referred to health
STATE OF NEW YORK

3741

2019-2020 Regular Sessions

IN ASSEMBLY

January 31, 2019

Introduced by M. of A. McDONALD, MOSLEY, GALEF, JOYNER, MONTESANO, MORNELLO, CAHILL, GOTTFRIED, RAIA, WOERNER, LAWRENCE, BLAKE, B. MILLER, STECK, OTIS, COLTON, ASHBY -- Multi-Sponsored by -- M. of A. BLANKENBUSH, BRAUNSTEIN, CROUCH, GIGLIO, MCDONOUGH, SIMON, THIELE, WALSH -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring practitioners who administer naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose to report the administration of the agent to the prescription monitoring program registry

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

Section 1. Subdivision 9 of section 3343-a of the public health law is renumbered subdivision 10 and a new subdivision 9 is added to read as follows:

  9. Administration of overdose reversal agents. (a) Any practitioner who administers naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose shall report the administration of the agent to the prescription monitoring program registry within seventy-two hours of administration. Such report shall contain the following information if available: (i) the name of the patient; (ii) the address of the patient; (iii) the date of birth of the patient; (iv) the time and place of the administration of the agent; and (v) the identity of the person who administered the naloxone to the patient.

(b) Any report made pursuant to the terms of this subdivision shall be considered to be made by the reporter in the course of his or her duties and shall be directly related to patient care.

§ 2. This act shall take effect January 1, 2021.

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

LBD00587-01-9
NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(f)

BILL NUMBER: A3741

SPONSOR: McDonald (MS)

TITLE OF BILL:
An act to amend the public health law, in relation to requiring practitioners who administer naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose to report the administration of the agent to the prescription monitoring program registry

PURPOSE OR GENERAL IDEA OF BILL:
Directs that the department of health include information regarding the administration of overdose reversal agents on the prescription monitoring program registry.

SUMMARY OF SPECIFIC PROVISIONS:
Section 1. Renumbers Subdivision 9 of section 3343-a of the public health law as subdivision 10 and creates a new subdivision 9
Section 2. Establishes an effective date of January 1, 2021.

JUSTIFICATION:
The goal of this bill is to request that the NYS DOH develop and implement an advancement to the NYS Prescription Monitoring Program (PMP) to help prescribers identify patients that have had overdosed on either an opioid or heroin.

The idea is to develop an alert tag in the PMP for prescribers so that when they access the PMP for their patient's care they will be able to identify if a patient had an overdose in the past. This data on overdoses is collected by the New York State Department of Health since Health Care Facilities licensed in New York State, under Article 28 of the Public Health Law, are required to submit their inpatient and/or outpatient data to SPARCS. Data such as ICD-10 codes are collected which will identify all drug overdoses, opioid drug overdoses and heroin overdoses. This information can be converted to help add an alert flag in the PMP which prescribers will notice when prescribing controlled substances. This alert will allow the prescriber to open up a dialogue with the patient about the overdose and what modifications or therapies can be considered to prevent an overdose in the future.

The bill would require all medical practitioners whom administer naloxone to report to the PMP within 72 hours of administration of the agent the following information, if available:

*Name of Patient
*Address of Patient
*DOB of patient
*Time and Place of Administration

The result of providing this information is to assist practitioners in identifying a patient who had an overdose and to open up an opportunity for the patient and prescriber to have a discussion about treatment.

The inspiration for this bill comes from a study recently released by a major commercial insurance plan, Optum. They identified almost 3,000 patients who experienced a nonfatal overdose between 2000 and 2012 while taking long-term opioids prescribed for chronic pain not related to cancer. Opioids include drugs like codeine, oxycodone, hydrocodone, hydromorphone, and tramadol. Just over 90% of these patients continued to receive prescription opioids after the overdose. More than half got the prescription from the same doctor.

Prescribers must have all the tools at their disposal to prevent, diagnose and treat drug addiction. It is incomprehensible that individuals can narrowly avoid dying of an overdose and be back at their prescriber’s office acquiring a prescription for the item that almost killed them. This bill will prevent senseless deaths and hopefully lead those with addictions toward treatment and recovery.

**PRIOR LEGISLATIVE HISTORY:**

2015-16 A.10656
2017-2018 A.2810/S.4374

**FISCAL IMPLICATIONS:**

None to the State.

**EFFECTIVE DATE:**
This act shall take effect January 1, 2021.