MEMORANDUM IN SUPPORT WITH RECOMMENDATIONS
S6650 (Harkham)/A8541 (Braunstein)
Passed Senate
In Assembly Committee on Alcoholism and Drug Abuse

AN ACT to amend the mental hygiene law, in relation to providing discharged patients with opioid overdose training; to amend the correction law, in relation to providing discharged inmates with opioid overdose training; and to amend the public health law, in relation to the provision of opioid antagonists for take home use upon discharge from the hospital

The New York American College of Emergency Physicians (New York ACEP) supports 6650 (Harkham)/A8541 (Braunstein) with recommendations.

This legislation would:

- Mandate that upon commencement of treatment, admission, or discharge from a hospital including a hospital emergency department, any person with a documented substance use disorder, or who appears to have or be at risk for a documented substance, use disorder, shall be provided with two doses of an opioid antagonist.

- Require that individuals who have been diagnosed with an opioid use disorder who are discharged from an inpatient facility operated or licensed by the Office of Alcoholism and Substance Abuse or who are released from a correctional facility must be provided with opioid overdose education that conforms to the State Department of Health or federal Substance Abuse and Mental Health Services Administration Guidelines for opioid education. This education must explain the causes of an opioid overdose, instruct when and how to administer life saving techniques, and how to contact emergency medical personnel.

Between 2015 and 2016 the opioid overdose rate in New York State increased by 40%. According to the Centers for Disease Control (CDC) and Prevention Injury Center, from 1999 to 2017 more than 702,000 people died from drug overdoses in the US. In 2017, more than 70,000 people died from drug overdoses, making it a leading cause of injury-related death in the U.S. Of those deaths, almost 68% involved a prescription or an illicit opioid. The availability of opioid antagonists is crucial in ensuring that overdose deaths do not occur. In 2018, the United States Attorney General issued the first national advisory in over a decade which urged all Americans to carry naloxone.

New York ACEP strongly supports wide availability of opioid antagonists. In some areas of the State, for example Suffolk County, patients who overdose are provided with naloxone kits at discharge if the patient and/or family or friends accept the kit with training by emergency department staff. Many other emergency departments across the State have similar programs.

However, for small hospitals in rural and other areas, it may not be possible to provide every person with a documented substance abuse disorder, or who appears to have or be at risk for a substance abuse disorder, with two doses of an opioid antagonist at discharge. In some cases, there is not an adequate supply to provide to patients.
Also, we note that the term “substance abuse disorder” would include patients with alcohol abuse as well as other substances which would not be considered for opioid antagonist at discharge. We recommend that the bill be amended to read as follows (page 2, lines 31-33, new language in red): (b) for an individual with a documented opioid use disorder or who appears to have or be at risk for an opioid use disorder, provide the individual with two doses of an opioid antagonist in a form approved for take home use by the federal food and drug administration.

New York ACEP recommends that this bill be amended to add that the individual will be provided with two doses of an opioid antagonist “where feasible.” “If not feasible, the individual will be provided with a prescription for an opioid antagonist.” Not sure if you want to eliminate or keep this paragraph as you received conflicting opinions.

New York ACEP supports S6650 (Harkham)/A8541 (Braunstein) with these recommendations.
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STATE OF NEW YORK

6650

2019-2020 Regular Sessions

IN SENATE

August 14, 2019

Introduced by Sen. HARCKHAM -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the mental hygiene law, in relation to providing discharged patients with opioid overdose training; to amend the correction law, in relation to providing discharged inmates with opioid overdose training; and to amend the public health law, in relation to the provision of opioid antagonists for take home use upon discharge from the hospital.

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

Section 1. Section 29.15 of the mental hygiene law is amended by adding a new subdivision (o) to read as follows:

(o) 1. A patient about to be discharged or conditionally released from an inpatient facility operated or licensed by the office of alcoholism and substance abuse services and who has been diagnosed with an opioid use disorder shall provide such patient with an opioid overdose education that:

(i) conforms to department of health or federal substance abuse and mental health services administration guidelines for opioid overdose education;

(ii) explains the causes of an opioid overdose;

(iii) instructs when and how to administer in accordance with medical best practices both:

(A) life-saving rescue techniques; and

(B) an opioid antagonist; and

(iv) explains how to contact appropriate emergency medical services.

2. Such facility shall also provide the patient as they leave the facility with:

(i) two doses of an opioid antagonist in a form approved for take home use by the federal food and drug administration; and

(ii) a prescription for an opioid antagonist.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [...] is old law to be omitted.
§ 2. The correction law is amended by adding a new section 149-a to read as follows:

§ 149-a. Released inmates with opioid use disorder. 1. Upon discharge of an inmate who has been diagnosed with an opioid use disorder from a correctional facility, regardless of whether that inmate has received treatment for that disorder, the department shall provide such inmate with an opioid overdose education that:

(a) conforms to department of health or federal substance abuse and mental health services administration guidelines for opioid overdose education;
(b) explains the causes of an opioid overdose;
(c) instructs when and how to administer in accordance with medical best practices both:
   (i) life-saving rescue techniques; and
   (ii) an opioid antagonist; and
(d) explains how to contact appropriate emergency medical services.

2. Such facility shall also provide the inmate as they leave the facility with:

(a) two doses of an opioid antagonist in a form approved for take home use by the federal food and drug administration; and
(b) a prescription for an opioid antagonist.

§ 3. Subdivision 3 of section 2803-u of the public health law, as added by section 1 of part C of chapter 70 of the laws of 2016, is amended to read as follows:

3. Upon commencement of treatment, admission, or discharge of an individual with a documented substance use disorder or who appears to have or be at risk for a substance use disorder, including discharge from the emergency department, such hospital shall: (a) inform the individual of the availability of the substance use disorder treatment services that may be available to them through a substance use disorder services program; and (b) provide the individual with two doses of an opioid antagonist in a form approved for take home use by the federal food and drug administration.

§ 4. This act shall take effect on the one hundred eightieth day after it shall have become a law.
NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI. Sec 1

BILL NUMBER: S6650

SPONSOR: HARCKHAM

TITLE OF BILL: An act to amend the mental hygiene law, in relation to providing discharged patients with opioid overdose training; to amend the correction law, in relation to providing discharged inmates with opioid overdose training; and to amend the public health law, in relation to the provision of opioid antagonists for take home use upon discharge from the hospital

PURPOSE: Relates to providing discharged patients with opioid overdose education and opioid antagonist for take home use.

SUMMARY OF PROVISIONS:

Section 1 adds a new subdivision (o) to Section 29.15 of the mental hygiene law, mandating that a patient about to be discharged or conditionally released from an inpatient facility operated or licensed by the Office of Alcoholism and Substance Abuse Services, and who has been diagnosed with an opioid use disorder, shall provide such patient with an opioid overdose education that conforms to the Department of Health or federal Substance Abuse and Mental Health Services Administration Guidelines for opioid education. This education must explain the causes of an opioid overdose, instruct when and how to administer life saving techniques, an opioid antagonist, and how to contact emergency medical services. Such facility shall also provide the patient as they leave the facility with two doses of an opioid antagonist and a prescription for an opioid antagonist.

Section 2 amends the correction law by adding a new section 149-a in relation to released inmates with an opioid use disorder. Upon discharge of an inmate who has been diagnosed with an opioid use disorder from a correctional facility, regardless of whether that inmate has received treatment for that disorder, the department shall provide such inmate with an opioid overdose education that conforms to the Department of Health or federal Substance Abuse and Mental Health Services Administration Guidelines for opioid education. This education must explain the causes of an opioid overdose, instruct when and how to administer life saving techniques, an opioid antagonist, and how to contact emergency medical services. Such facility shall also provide the patient as they leave the facility with two doses of an opioid antagonist and a prescription for an opioid antagonist.

Section 3 amends Section 2803-u of the public health law by mandating that upon commencement of treatment, admission, or discharge of an individual with a documented substance abuse disorder, or who appears to have or be at risk for a substance use disorder, including discharge from the emergency department, a hospital shall provide the individual with two doses of an opioid antagonist.
Section 4 contains the effective date.

**JUSTIFICATION:**

Between 2015 and 2016 the opioid overdose death rate in New York State increased by 40%. As of March 2018, more than 115 people in the United States die every day from overdosing on opioids, according to the CDC. Opioid antagonists, such as naloxone, are drugs that reverse the effects of opioids, and are effective in preventing overdose deaths. The availability of an opioid antagonist is crucial in ensuring that overdose deaths do not occur. However, an opioid antagonist can only be effective as an antidote of readily available when an overdose is happening. In 2018, the United States Surgeon General issued the first national advisory in over a decade, urging all Americans to carry naloxone.

The American College of Emergency Physicians recently reported that "addiction researchers have demonstrated that overdose events are an important indicator not only of future overdoses, but also represent a critical opportunity for overdose prevention and engagement in treatment; those who have overdosed on heroin are four to five times more likely to suffer a subsequent overdose event, and are at higher risk for death from opioid overdose_ since 2004, drug related emergency department visits increased by over 80%."

A study titled "Peer Navigation and take-home naloxone for opioid overdose emergency department patients" found "a high frequency of death and repeat overdose one-year following an emergency department visit for opioid overdose." The Maryland Hospital Association recommended in December, 2018 that "hospitals should offer naloxone to patients who present in the emergency department with an opioid overdose and to patients deemed to be at risk for opioid use disorder, by dispensing directly from the emergency department or by providing a prescription."

According to the Harm Reduction Coalition, "individuals with a history of drug use who are leaving jail or prison have a great likelihood of overdosing in the first two weeks following discharge." A North Carolina study published in 2018 by the American Journal of Public Health indicated that "in the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population. When restricted to heroin overdoses only, the overdose death rate increased to 74 times the norm with two weeks after release. Even entire year after release, overdose death rates remained 10-18 times higher among formerly incarcerated individuals."

A report in the Journal of Addictive Diseases concluded that "due to the increased risk of overdose following periods of abstinence, pre-release program of overdose prevention education, including Naloxone prescription, of inmates with a history of opiate addiction would likely prevent many overdose deaths." The study found that many will refuse to call 911 in the event of an overdose, due to fear of police involvement.

In light of these tragic statistics, this bill mandates that inmates, as well as patients about to be discharged from inpatient drug rehabilitation facilities, who have been diagnosed with an opioid use disorder, receive opioid overdose education, as well as two doses of an opioid antagonist and a prescription for an opioid antagonist. Additionally, upon commencement of treatment, admission, or discharge of an individual with a documented substance abuse disorder, including discharge from the emergency department, a hospital shall provide the patient with two doses of an opioid antagonist.

**LEGISLATIVE HISTORY:**

nyslrs.state.ny.us/nyslbd1/navigate.cgi?NVDTO:
This is a new bill.

**FISCAL IMPLICATIONS:**

To be determined.

**EFFECTIVE DATE:**

This act shall take effect on the one hundred eightieth day after it shall become law.