



NEW YORK STATE SENATOR

Robert G. Ortt

Ortt, Senate Proposes Largest Ever State Commitment To Prevent Heroin And Opioid Abuse

ROBERT G. ORTT March 15, 2018

| ISSUE: **HEROIN & OPIOID ABUSE, BUDGET**

Yesterday, **Sen. Rob Ortt (R,C,I,Ref-North Tonawanda)** and his colleagues in the New York State Senate Majority unveiled their plan to combat the heroin and opioid epidemic that has devastated families and communities across the state. As part of the Senate's 2018-19 Budget proposal, Sen. Ortt and his colleagues committed to providing a record level of state funding to combat opioid abuse and targeted preemptive safety measures to reduce the possibility of future addiction.

"This plan put forth by me and my colleagues is a comprehensive, multi-pronged approach aimed at helping those addicted end the cycle and recover, while also focusing on prevention with our youth before addiction has the opportunity to begin," **said Sen. Ortt.** "Our plan also ensures we enable law enforcement to take a firm approach toward those who seek to infect our communities with these illegal narcotics. An update to our state's controlled substances penalties will help properly punish these perpetrators."

The Senate proposal increases the state's support for opioid use disorder-related services to a new record of \$265 million - going beyond the 2018-19 Executive Budget proposal of \$228 million.

“Much will be discussed over the next few weeks as the budget deadline approaches, however, my commitment to those suffering from this epidemic remains a steadfast priority,” said **Ortt**.

Sen. Ortt and his colleagues proposed measures to reduce addiction; establish preventative measures and increase criminal punishment can be found below:

Supporting Prevention

- Enact the Drug Take Back Act to get unused and unneeded medications out of medicine cabinets.
- Ensure labels on opioid prescriptions warn of the highly addictive potential of controlled substance medications.
- Reform prescribing practices to:
 - o Limit initial prescriptions from a seven-day to a three-day supply;
 - o Require patients prescribed opioids for thirty-days or longer to have a pain management plan with their prescriber;
 - o Require written consent from parents or guardians for the prescription of opioids to minors;
 - o Require the Department of Health to develop guidance on the administration of opioid antagonists; and
 - o Establish a demonstration program to reduce opioid prescribing by utilizing emergency department physician collaboration to control pain through alternative means, including non-opioid medications.

Expanding Treatment

- Authorize the Office of Alcoholism and Substance Abuse (OASAS) to provide funding to substance use disorder programs operated by for-profit agencies.
- Establish a jail-based substance use disorder treatment program.
- Require testing of newborns for Neonatal Abstinence Syndrome.
- Establish a program on screening expectant mothers for opioid addiction and linking them with care.
- Establish a workgroup and provide education for healthcare providers on screening and caring for mothers with an opioid addiction.
- Prohibit prior authorization for outpatient substance abuse treatment.
- Establish an OASAS ombudsman to assist consumers and providers with insurance issues, including network adequacy.
- Require hospitals and Emergency Room physicians to notify a patient's prescriber that the patient has been treated for a controlled substance overdose.

Encouraging Recovery

- Establish a voluntary certification process for sober homes.
- Codify the Peer Engagement Program, connecting individuals with substance use disorders to treatment and recovery services.
- Establish an infant recovery pilot program with at least four infant recovery centers in areas of need for infants suffering from drug withdrawal resulting from in utero exposure.
- Establish the Family Support and Recovery Services Program to provide recovery services and support to individuals exiting treatment and their families for up to 12 months after leaving a treatment program.

Enhancing Enforcement

- Criminalize the sale of a controlled substance on the grounds of a drug or alcohol treatment center, or within 1,000 feet of such facilities.
- Make it a crime to offer or accept any kickback from an individual or entity that provides substance abuse services in exchange for patient referral and admission.
- Establishes appropriate level penalties as it relates to heroin sales.
- Makes the sale of 2 milligrams or more of Carfentanil a Class A-II felony and the sale of 10 milligrams or more of Carfentanil a Class A-I felony.
- Update controlled substances penalties to reflect emerging issues.

Addressing Fentanyl and other Synthetic Drugs

- Update the controlled substances schedule to promote consistency with the federal controlled substances schedules.
- Add new derivatives of fentanyl to the controlled substances schedule.
- Increase the criminal penalties for the sale of an opiate containing a fentanyl derivative.

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