Legislation Details (With Text)

File #:	Res 0196-2014	**Version:**	*	**Name:**	Allow health care professionals to prescribe or dispense an opioid antagonist by a non-patient specific order. (S6477/A8637)
Type:	Resolution			**Status:**	Filed (End of Session)
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Title: Resolution calling on the New York State legislature to pass and the Governor to sign S6477/A8637, which would allow health care professionals to prescribe or dispense an opioid antagonist by a non-patient specific order, and provide protections against criminal and civil liability as well as professional disciplinary action resulting from such prescribing.

Sponsors:

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Date	Ver.	Action By	Action	Result
4/29/2014	*	City Council	Introduced by Council	
4/29/2014	*	City Council	Referred to Comm by Council	
12/31/2017	*	City Council	Filed (End of Session)	

Res. No. 196

Resolution calling on the New York State legislature to pass and the Governor to sign S6477/A8637, which would allow health care professionals to prescribe or dispense an opioid antagonist by a non-patient specific order, and provide protections against criminal and civil liability as well as professional disciplinary action resulting from such prescribing.

By Council Members Levin, Johnson and Rose

Whereas, According to the U.S. Food and Drug Administration (FDA), opioids are narcotics that work by changing the way the brain perceives pain; and

Whereas, Heroin is an opioid drug and according to the FDA, is an illegal street drug that is very addictive and overdose may result in serious, harmful symptoms or death; and

Whereas, According to information from the New York City Department of Health and Mental Hygiene (DOHMH) provided in 2014, fatal overdose deaths from both prescription opioids such as hydrocodone or oxycodone and heroin have increased over the last two years for which complete statistics are available (2011

and 2012); and

Whereas, DOHMH advises in a September 2013 report that heroin-related deaths increased 84% from 2010 to 2012 in New York City, and involved 52% of all overdose deaths in 2012; and

Whereas, According to the FDA, Naxolone, a popular opioid antagonist, prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension; and

Whereas, According to the U.S. Centers for Disease Control and Prevention, over 53,000 drug users were reached through Naxolone distribution and the drug was used in more than 10,000 opioid-overdose reversals between 1996 and mid-2010; and

Whereas, Currently in New York, Naxolone is only available via State certified Opioid Overdose Prevention Programs, and New York City only has 52 of these programs; and

Whereas, DOHMH filed a public letter to the Food and Drug Administration in 2012 with a recommendation that Naxolone be approved for over-the-counter use, a request that was supported with information that more than 500 reported reversals of overdoses occurred when civilians administered the antidote; and

Whereas, The City launched a pilot program last fall to supply police officers with Naloxone on the North Shore of Staten Island where the mortality rate from overdose is 7.4 per 100,000 compared to 2.4 per 100,000 citywide; and

Whereas, According to a DOHMH Press Release issued on February 6, 2014, 190 officers have been trained to administer Naloxone, and the first police officer-reversed overdose occurred in January 2014; and

Whereas, According to a February 2014 statement by New York City's interim Health Commissioner Daniel Kass, "[i]ncreasing access to Naxolone for people most at risk may give them an opportunity for a second chance at the moment they need it"; and

Whereas, In the press release issued on February 6, 2014, DOHMH also urged the State Legislature to approve pending legislation, S6477/A8637, which would increase access to Naxolone; and;

Whereas, S6477/A8637, sponsored by Senator Hannon and Assemblyman Dinowoitz, would amend New York Public Health Law (PHL) to expand a health care professional's authority to prescribe, dispense, and distribute an opioid antagonist directly or by non-patient specific order to a person at risk of experiencing an opioid-related overdose, or to a family member, friend or other person in a position to help a person at risk of an overdose; and

Whereas, In addition, the proposed legislation would also amend the PHL to protect a health care professional who prescribes or dispenses an opioid antagonist, in good faith and with reasonable care, from criminal or civil liability; and

Whereas, The proposed legislation would also allow a person or organization acting under a non-patient specific order to store and dispense an opioid antagonist; and

Whereas, If enacted, S6477/A8637 would expand access to Naxolone by enabling a lay person trained to dispense Naxolone to assist those at risk of overdose; now, therefore be it

Resolved, That the Council of the City of New York calls on the New York State legislature to pass and the Governor to sign S6477/A8637, which would allow health care professionals to prescribe or dispense an opioid antagonist by a non-patient specific order, and provides protections against criminal and civil liability as well as professional disciplinary action resulting from such prescribing.

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