



Legislation Text

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Int. No. 1443-A

By Council Members Torres, Levin, Salamanca, Chin, Johnson, Menchaca, Espinal, Richards, Gentile, Reynoso, Grodenchik, Cabrera, Cohen, Rose, Mendez, Vacca, Lancman, Treyger, Dromm, Constantinides, Rosenthal, Vallone, Kallos, Levine, Deutsch, Miller and Borelli

A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of social services and the department of homeless services to offer training to certain individuals in administering opioid antagonists

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 21 of the administrative code of the city of New York is amended by adding a new section 21-129 to read as follows:

§ 21-129 Opioid antagonist administration training a. Definitions. For the purposes of this section, the following terms have the following meanings:

Opioid. The term “opioid” means an opiate as defined in section 3302 of the public health law.

Opioid antagonist. The term “opioid antagonist” means naloxone or other medication approved by the New York state department of health and the federal food and drug administration that, when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the human body.

Opioid antagonist administration training. The term “opioid antagonist administration training” means a program with the purpose of training individuals encountering a suspected opioid overdose about the steps to take in order to prevent a fatality, including contacting emergency medical services, and administering an opioid antagonist.

HASA facility. The term “HASA facility” means single room occupancy hotels or congregate facilities managed by a provider under contract or similar agreement with the department.

b. Opioid antagonist administration training. 1. The department shall provide opioid antagonist administration training to staff working at HASA facilities as identified by the department that may encounter persons experiencing or who are at high risk of experiencing an opioid overdose. The department shall require providers to ensure that at a minimum one such trained staff is on duty at a HASA facility at all times during the provider's usual business hours.

2. For such staff identified by the department, the department shall (i) provide a refresher training every two years or (ii) otherwise require that each trained employee undergo a refresher training every two years.

3. The department shall develop and implement an opioid overdose training plan to offer opioid overdose training to residents of HASA facilities who may encounter persons experiencing or who are at a high risk of experiencing an opioid overdose. No later than March 1, 2018, the commissioner of the department of social services shall submit to the mayor and the speaker of the council, and post online, a comprehensive opioid overdose training plan for such residents. Such plan shall include, but need not be limited to:

(a) Strategies for the agency to offer opioid antagonist administration training to such residents of HASA facilities;

(b) Information on how such residents will be informed about the availability of such training;

(c) Information specific to the availability of such training;

(d) Information specific to the availability of opioid antagonist at HASA facilities; and

(e) The date by which the implementation of such plan will commence.

c. Beginning no later than September 1, 2018, and no later than every September 1 thereafter, the commissioner shall submit to the mayor and the speaker of the council an annual report regarding (i) the number of department employees and employees of service providers under contract with the department who have completed the opioid antagonist administration training, (ii) the number of department employees and employees of service providers under contract with the department who have completed a refresher training,

and (iii) the number of residents living HASA facilities who have completed the opioid antagonist administration training. Such report shall also include the number of times an opioid antagonist was administered to a resident disaggregated by the type of facility where the administration occurred.

§ 2. Chapter 3 of title 21 of the administrative code of the city of New York is amended by adding a new section 21-320 to read as follows:

§ 21-320 Opioid antagonist administration training a. Definitions. For the purposes of this section, the following terms have the following meanings:

Opioid. The term “opioid” means an opiate as defined in section 3302 of the public health law.

Opioid antagonist. The term “opioid antagonist” means naloxone or other medication approved by the New York state department of health and the federal food and drug administration that, when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the human body.

Opioid antagonist administration training. The term “opioid antagonist administration training” means a program with the purpose of training individuals encountering a suspected opioid overdose with the steps to take in order to prevent a fatality, including contacting emergency medical services and administering an opioid antagonist.

Shelter. The term “shelter” means temporary emergency housing provided to homeless individuals by the department or by a provider under contract or similar agreement with the department.

b. Training. 1. The department shall provide opioid antagonist administration training to staff as identified by the department that may encounter persons experiencing or who are at high risk of experiencing an opioid overdose. The department shall require providers to ensure that at a minimum one such trained staff is on duty at all times during the provider's usual business hours.

2. For such employees identified by the department, the department shall (i) provide a refresher training every two years, or (ii) otherwise require that each trained employee undergo a refresher training every two

years.

3. The department shall develop and implement an opioid overdose training plan to offer opioid overdose training to shelter residents who may encounter persons experiencing or who are at a high risk of experiencing an opioid overdose. No later than March 1, 2018, the commissioner of the department of social services shall submit to the mayor and the speaker of the council, and post online, a comprehensive opioid overdose training plan informed, to the extent practicable, by the reporting pursuant to section 17-190, for such residents. Such plan shall include, but need not be limited to:

(a) Strategies for the agency to offer opioid antagonist administration training to such shelter residents;

(b) Information on how such shelter residents will be informed about the availability of such training;

(c) Information specific to the availability of such training;

(d) Information specific to the availability of opioid antagonist at shelter facilities; and

(e) The date by which the implementation of such plan will commence.

c. Beginning no later than September 1, 2018, and no later than every September 1 thereafter, the commissioner shall submit to the mayor and the speaker of the council an annual report regarding (i) the number of department employees and employees of service providers under contract with the department who have completed the opioid antagonist administration training, (ii) the number of department employees and employees of service providers under contract with the department who have completed a refresher training and (iii) the number of shelter residents who have completed the opioid antagonist training. Such report shall also include the number of times an opioid antagonist was administered to a resident disaggregated by the type of facility where the administration occurred.

§ 3. This local law takes effect immediately.

Adw/SW

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