



**County
Health Officials
of New York**
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SUPPORTS

A336-A/S2966—A (Braunstein/Harckham)

AN ACT to amend the public health law, in relation to prescribing an opioid antagonist with a patient's first opioid prescription in a given year

The New York State Association of County Health Officials (NYSACHO) supports the above-referenced legislation which amends the public health law to permit practitioners to prescribe opioid antagonists with an initial opioid prescription in high-risk populations. This is intended with the goal to reverse or prevent opioid overdose and death. Opioid antagonists are receptors with the function to block opioid receptors in the central or peripheral nervous system and their intended effects on the body's nervous system. The Centers for Disease Control and Prevention established a recommendation for medical providers to prescribe naloxone drugs to patients who have been pre-prescribed opioids. Regardless of this recommendation, naloxone co-prescription continues to remain at low rates.

According to the U.S. Department of Health and Human Services “By co-prescribing, or prescribing naloxone to at risk individuals, patients and their loved ones could be better equipped for a possible complications of overdose, including slowed or stopped breathing. Clinicians should also educate patients and those who are likely to respond to an overdose, including family members and friends, on when and how to use naloxone in its variety of forms”.

The opioid epidemic has reached alarming numbers over the past 10 years. About 2.1 million Americans currently suffer from an opioid use disorder (OUD). In 2018, New York State reported over 1,800 opioid-related deaths. Mortality and morbidity rates have decreased since 2017 where the state saw over 2,300 deaths. Varying intervention and prevention methods have contributed to the decline in mortality rates. As previously mentioned, even with published evidence-based data and national recommendations, there still seems to be a hindrance among medical practitioners to co-prescribe naloxone drugs to patients.

The CDC currently estimates more than 1,000 emergency department visits daily related to the misuse of opioids. A landmark observational study in safety settings found those who were co-prescribed an opioid antagonist had 63% fewer emergency department visits after one year. Co-prescribing an opioid antagonist may save resources by reducing emergency room visits and thereby potentially lowering some of the burdensome healthcare costs of the opioid epidemic.

The introduction of overdose reversal medication can help to reduce the number of preventable deaths to opioid overdose. Medication-Assisted Treatment (MAT) therapies have proven to be effective. As aforementioned, NYSACHO supports the method of co-prescription of naloxone and other opioid antagonists with previously prescribed opioids. NYSACHO recommends passage of this bill, coupled with the provision of education on administering prescriptions to patients and caretakers. Regarding prevention overdose programs, opioid antagonists should be provided for all public accommodation including: school districts, hotels, theaters, parlors, sporting and event centers, restaurants, bars, and retail stores in the event of a suspected overdose. Directions should be printed clearly on the product and comprehensible for users to foment simple use.

Integrating an opioid-antagonist with at-risk opioid prescriptions is an evidence-based intervention widely supported by reputable provider organizations including: the Substance Abuse and Mental Health Services Administration (SAMHSA); Centers for Medicare and Medicaid Services (CMS); Centers for Disease Control and Prevention (CDC); American Medical Association (AMA); World Health Organization (WHO); American Heart Association (AHA); American Pharmacists Association (APhA) and others.

The New York State Association of County Health Officials, therefore, recommends passage of this bill, to help address avoidable overdoses and deaths from opioid use.

Contact: Sarah Ravenhall, Executive Director, sarah@nysacho.org