

A7427-A Cusick Same as [S 5170-A](#) HANNON

Public Health Law

TITLE....Limits the substitution of abuse-deterrent analgesic opioid drug products for analgesic opioids lacking such technology

This bill is not active in the current session.

05/12/15 referred to higher education
06/12/15 amend and recommit to higher education
06/12/15 print number 7427a
06/16/15 reported referred to rules
06/18/15 reported
06/18/15 rules report cal.668
06/18/15 ordered to third reading rules cal.668
06/18/15 passed assembly
06/18/15 delivered to senate
06/18/15 REFERRED TO RULES
06/24/15 SUBSTITUTED FOR S5170A
06/24/15 PASSED SENATE
06/24/15 RETURNED TO ASSEMBLY
11/30/15 delivered to governor
12/11/15 vetoed memo.284
12/11/15 tabled

VETO MESSAGE - No. 284

TO THE ASSEMBLY:

I am returning herewith, without my approval, the following bill:

Assembly Bill Number 7427-A, entitled:

"AN ACT to amend the public health law and the insurance law, in relation to the use of abuse-deterrent technology for opioids as a mechanism for reducing abuse and diversion of opioid drugs"

NOT APPROVED

This bill would require that abuse-deterrent drugs approved by the Federal Drug Administration ("FDA") be dispensed whenever prescribed and not substituted with non-abuse deterrent opioids. Abuse-deterrent drugs cannot be crushed, melted, or otherwise altered to create a more powerful and immediate effect.

I am fully committed to implementing aggressive measures to help New Yorkers address heroin addiction and prescription opioid abuse, and to reducing the risk associated with prescription drug misuse and abuse. In September 2014, New York launched the (hashtag)CombatHeroin campaign to inform and educate New Yorkers about the risks of heroin and prescription opioid use, the warning signs of addiction, and the resources available to help. The State also expanded its first responder training program that, in part, requires every SUNY and CUNY police officer to be trained to respond to an opioid overdose by using naloxone. More than 41,000 New Yorkers are now trained -- including nearly 4,000 law enforcement officers -- and more than 1,200 lives have been saved.

In addition, the Internet System for Tracking Over-Prescribing Act (I-STOP) and the Prescription Monitoring Program (PMP) Registry have substantially decreased opportunities for "doctor shoppers" to illegally obtain prescriptions from multiple practitioners, which often serve as a gateway to prescription opioid and heroin abuse. Finally, the federal government recently awarded New York State a grant totaling \$8.1 million to help prevent heroin use, prescription drug abuse, and opioid overdose among adolescents and young adults in up to 10 local community coalitions located in high-need communities across the State.

This bill would require a pharmacist to dispense an FDA-approved, abuse-deterrent drug whenever prescribed and not substitute it with a non-abuse deterrent drug. While the intent of this bill is laudable, research on the impacts of utilizing abuse-deterrent drugs is in its infancy. The effectiveness of such drugs is currently under review, and it is simply too early to tell whether it would achieve its intended effect. Second, abuse-deterrent opioid drugs are approximately two to three times more expensive on a daily basis than opioid drugs that lack abuse-deterrent properties, thus resulting in increased, and unplanned, costs to the State and consumers. Third, this bill does not contain an exception for pharmacies which directly administer medications in hospitals. This bill would necessarily increase costs because the hospital would have to dispense abuse-deterrent drugs if prescribed even though there is minimal opportunity for abuse (e.g., the drugs are administered

under supervision).

For these reasons, I am therefore constrained to disapprove this bill. However, I am directing the Department of Health and the Department of Financial Services to study the costs associated with prescribing abuse-deterrent drugs and whether the benefits of such drugs necessitate a change to the drug formulary.

The bill is disapproved.

(signed) ANDREW M. CUOMO
