

New York State Psychiatric Association, Inc.

**Area II Council of the American Psychiatric Association
400 Garden City Plaza, Garden City, N.Y. 11530 • (516) 542-0077**

**Government Relations Office
123 State Street, Albany, N.Y. 12207 • (518) 465-3545**

AREA II COUNCIL FALL MEETING LAGUARDIA MARRIOTT HOTEL EAST ELMHURST, NEW YORK

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PART II

END OF 2019 LEGISLATIVE SESSION REPORT 6/26/2019

GLENN MARTIN, M.D., CHAIR OF COMMITTEE ON LEGISLATION

Prepared by:
Richard J. Gallo
Jamie Papapetros

I. 2019 LEGISLATIVE SESSION

Although the Legislative Session was scheduled to conclude on Wednesday, June 19, 2019, it ran into overtime as Governor Cuomo and Legislative Leaders worked to reach final agreements where possible. Ultimately, the Senate gavelled out just after midnight on Thursday/Friday, June 21, 2019, while the Assembly worked through the night and adjourned just after 7:30 a.m. on Friday, June 21, 2019. The Governor and Legislative Leaders were able to come to agreements on time-sensitive matters, such as a permanent extension of the rent control laws in New York City with an expansion of tenant protections, as well as bills to (1) clarify that the only permissible exception from New York's vaccination requirements is where there is a medical contraindication; (2) restrict the use of the "gay and trans" panic defense; and, (3) address climate change including provisions to set new goals on the use of clean energy and lowering of carbon emissions. In addition, negotiations over legislation to restrict the use of solitary confinement resulted in the Governor and Legislative Leaders agreeing to a series of actions that will be undertaken administratively (see details enclosed). While the Governor and Legislative Leaders forged an agreement to decriminalize certain low level marijuana possession offenses in the final hours of the Legislative Session, the bills to allow for legalization of adult use of cannabis and expansion of the medical marijuana program did not make it.

The 2019 Legislative Session was historic in many ways. For the first time in history an African American woman, Andrea Stewart-Cousins (D-Yonkers), presided over the Senate as Senate President and Senate Majority Leader. The 2018 election results brought a wave of new legislators to Albany, 40 in total: 23 new Senators and 17 new Assemblymembers. The combination of new leadership in the Senate and dozens of new legislators brought a new dynamic and changes to the legislative process, as evidenced by the 935 bills that passed both houses before adjournment. The session statistics provided in the box below provide a snapshot of the activity.

Session Statistics: For those who keep track of such things: Since January 1, 2019, the start of the 2-year term of the Legislature through Friday, June 21, 2019, 14,984 bills were introduced. Since January 1, 2019 through June 21, 2019, the Senate passed 1,555 bills, while the Assembly passed 1,009 bills. Of the 935 bills that passed both houses this year, 719 (or 76%) passed in the final three weeks of the Legislative Session, of which so far: 52 have been signed into law, 3 have been vetoed, and 880 have not yet been delivered to the Governor.

II. NYSPA’S PRO-ACTIVE PRIORITIES ENACTED DURING 2019 LEGISLATIVE SESSION

In terms of NYSPA’s proactive legislative priorities, the session was a tremendous success. NYSPA hit the ground running with the Legislature passing and Governor Cuomo signing into law one of its long sought priorities – Chapter 7 of the Laws of 2019, which prohibits licensed mental health professionals from engaging in efforts to change a minor’s sexual orientation or gender identity, so-called “conversion therapy.” The bill signing took place on Friday, January 25, 2019 in New York City and was attended by NYSPA members Frank Dowling, M.D., Jack Drescher, M.D., and Barry Perlman, M.D. and Jamie Papapetros from the NYSPA Government Relations office. For more information or to view pictures visit:

https://www.nyspsych.org/index.php?option=com_content&view=article&id=438:conversion-therapy-bill-signed-into-law&catid=21:legislative-issues&Itemid=119.

As part of the 2019-20 enacted state budget, NYSPA secured an additional \$150,000 for the continuation and expansion of its Veterans Mental Health – Primary Care Training Initiative (VMH-PCTI); and, strongly supported the enactment of the Behavioral Health Insurance Parity Reforms (BHIPR), a comprehensive overhaul of New York State’s Insurance Law aimed at dramatically curtailing health insurance/health plan practices that restrict New Yorkers, suffering from Mental Health Conditions (MHCs), Substance Use Disorders (SUDs) and Autism Spectrum Disorders (ASDs) from accessing their health insurance benefits for care and treatment. The BHIPR is applicable to all health insurance/ health benefit plans, individual and group, that are issued for delivery in New York State (NYS). The BHIPR sets the landmark federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) as a floor and surpasses it in scope and effect -- prohibiting financial requirements or quantitative and non-quantitative treatment limitations for MHCs, SUDs, and ASDs that are more restrictive, “than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits under the policy [or contract].” For additional details see our report on the enacted 2019-20 budget at:

<https://www.nyspsych.org/assets/docs/report%20on%20enacted%202019-20%20budget%20for%20nyspa%20-%20final%204.1.pdf>.

NYSPA is also pleased to report the agreed upon chapter amendment (S.4356/A.6186-A) for Mental Health and Substance Use Disorder (MH/SUD) Parity Report Act (Chapter 455 of the Laws of 2018), passed both houses during the 2019 Legislative Session and is pending delivery to the Governor. The law will establish a new section in the New York State Insurance Law, Section 343, governing the submission of key data and information from insurers and health plans to allow the Department of Financial Services to complete an evaluation and analysis of compliance with the federal and state MH/SUD parity laws with the results to be published in a report on the department’s website. The data collection is to commence on July 1, 2019, with first report to be published on or before October 1, 2019 and every two years thereafter.

In terms of encroachments, NYSPA was once again successful in thwarting legislation that would have dramatically expanded the scopes of practice of a number of non-physician providers, including among others psychologists seeking the authority to prescribe and mental health practitioners pursuing the authority to diagnose mental illness, while also once again defeating proposals to allow for-profit retail clinics and non-physicians to co-own a medical practice with a physician. A progress report on the items of most interest for psychiatry follows.

III. NOTE OF THANKS & APPRECIATION

NYSPA wishes to thank the members who took the time to call and/or write their legislators when requested. Your voice matters and helped NYSPA achieve the above accomplishments and also defeat many of the onerous proposals we faced.

PART II: LISTING OF BILLS THAT PASSED BOTH HOUSES

- **S.4808 (HARCKHAM)/A.2904 (QUART)** – The bill prohibits insurers and health plans from requiring prior authorization for the initial or renewal prescription for all buprenorphine products, methadone or long acting injectable naltrexone for detoxification or maintenance treatment of substance use disorder. This legislation goes beyond what was enacted as part of the Behavioral Health Insurance Parity Reforms in the 2019-20 state budget, which prohibits prior authorization for formulary forms of these medications. **STATUS: The bill (A.2904) passed both houses and is pending delivery to Governor.**
- **S.5935-A (HARCKHAM)/A.7246-B (ROSENTHAL)** – The bill prohibits prior authorization under Medicaid for all buprenorphine products, methadone or long acting injectable naltrexone for detoxification or maintenance treatment of substance use disorder. This bill would go beyond legislation enacted in 2016, which prohibits prior authorization in

Medicaid for the initial and renewal prescriptions for *preferred* buprenorphine or injectable naltrexone medications.

STATUS: The bill (S.5935-A) passed both houses and is pending delivery to the Governor.

- **S.2849-A (BRESLIN)/A.2969-A (PEOPLES-STOKES)** – The bill significantly curtails the ability of insurers and health plans from making mid-year formulary changes. The legislation provides certain exceptions when insurers and health plans can change their formulary within a plan year as follows: (1) moving a medication into a tier with higher patient cost sharing only if they add an AB-rated generic equivalent or interchangeable biological equivalent at the same time; and (2) removing a medication if the Federal Food and Drug Administration determines it should be pulled from market. ***STATUS: The bill (A.2969-A) passed both houses and is pending delivery to the Governor.***
- **S.5960 (SAVINO)/A.8104 (BRONSON)** – The bill authorizes licensed clinical social workers in private practice to bill/be reimbursed by Medicaid. Presently, Medicaid only reimburses social workers for care and treatment provided to individuals under 21 years of age and pregnant mothers and postpartum care. ***STATUS: The bill (S.5960) passed both houses and is pending delivery to the Governor.***
- **S.3421-A (SAVINO)/A.648-A (BRONSON)** – Authorizes mental health practitioners, licensed under Article 163 of State Education Law, in private practice to bill/be reimbursed by Medicaid. ***STATUS: The bill (S.3421) passed both houses and is pending delivery to the Governor.***
- **S.6212-A (KENNEDY)/A.670-A (BRONSON)** – The bill amends provisions of insurance law to provide coverage for care and treatment provided by licensed mental health practitioners (licensed under Article 163 of State Education Law) and all licensed clinical social workers. Currently, the law is bifurcated allowing reimbursement only for licensed clinical social workers who have completed an additional three years of supervised experience post license. ***STATUS: The bill (A.670-A) passed both houses and is pending delivery to the Governor.***
- **S.6591 (HARCKHAM)/A.7347 (ROSENTHAL)** – Renames the NYS Office of Alcoholism and Substance Abuse Services as the Office of Addiction Services and Supports and clarifies the scope of responsibilities of the office. ***STATUS: The bill (A.7347) passed both houses and is pending delivery to the Governor.***
- **S.3118-A (HOYLMAN)/A.2785-A (GOTTFRIED)** – The bill would authorize the synchronization of multiple prescriptions under Medicaid Fee-For-Service and Medicaid Managed Care for those with chronic conditions so that individuals could pick up multiple prescription refills at the same time. The synchronization of prescriptions would only be permitted whereby there is an agreement with the patient, prescriber and pharmacist. ***STATUS: The bill (A.2785-A) passed both houses and is pending delivery to the Governor.***
- **S.4078 (BRESLIN)/A.3009 (QUART)** – The bill amends insurance law to authorize the synchronization of multiple prescriptions under for those with chronic conditions so that individuals could pick up multiple prescription refills at the same time. The synchronization of prescriptions would only be permitted whereby there is an agreement with the patient, prescriber and pharmacist. ***STATUS: The bill (A.3009) passed both houses and is pending delivery to the Governor.***
- **S.5367 (COMRIE)/A.2349 (PERRY)** – The bill requires health care providers, who will cease operations in New York State, to at least thirty days prior make good faith effort to inform current patients of closing and the right to have records transferred to provider, facility or practitioner of patient’s choosing or returned to patient. The legislation does not apply when health care practitioner’s practice is merged, consolidated, combined or acquired by another provider and the practitioner continues to provide care and treatment. ***STATUS: The bill (S.5367) passed both houses and is pending delivery to the Governor.***

SUICIDE & SUICIDE PREVENTION:

- **S.2403 (CARLUCCI)/A.6471 (CRUZ)** – The bill would require the Office of Mental Health (OMH) to undertake periodic review of its suicide prevention programs to determine if the needs of individuals at risk are being met and develop recommendations to improve programs focusing on “(1) cultural and linguistic competency; and (2) best practices for screening and interventions aimed at addressing suicide risk factors for minority groups and other underrepresented populations.” ***STATUS: The bill (S.2403) passed both houses and is pending delivery to the Governor.***
- **S.4467-B (CARLUCCI)/A.6740-B (JEAN-PIERRE)** –The bill would establish a seven member black youth suicide task force to examine, evaluate, and develop recommendations for improving mental health and suicide prevention for black youth aged 5 through 18 with a preliminary report due thirteen months from enactment and final report twenty-two months after enactment. ***STATUS: The bill (A.6740-B) passed both houses and is pending delivery to the Governor.***

- **S.2070 (METZGER)/A.6007 (BARRETT)** – The bill would establish a twelve member “rural suicide prevention council” tasked with among other things examining the causes and conditions related to rural suicides, the prevalence among certain professions including farmers and agricultural workers, identifying policies and best practices as well as potential legislation that may help to reduce rural suicide and suicide attempts, and offering recommendations on policies and procedures to improve and coordinate care. The legislation provides for how the 12 members of the council would be appointed and calls for representatives of the state conference of local mental hygiene directors, psychiatric and psychological practitioners, as well as those experienced in the delivery of mental health and substance use disorder treatment, and experts in public health issues/rural affairs. The council’s first report would be due no later than January 1, 2021 and biennially thereafter. **STATUS: The bill (S.2070) passed both houses and is pending delivery to the Governor.**
- **S.6406-A (SEPULVEDA)/A.7564-B (FERNANDEZ)** – The bill amends the section of the Mental Hygiene Law regarding OMH’s plans, programs and services focused on suicide and suicide prevention to require the preparation of a report by December 1, 2019 and biennially thereafter on the progress of the plans, programs and services undertaken with specific information and focus on high-risk minority groups, including latina and latino adolescents, black youth, residents of rural communities, veterans and members of the LGBTQ community. **STATUS: The bill (A.7564-B) passed both houses and is pending delivery to the Governor.**

VETERANS:

- **S.3200-A (PARKER)/A.2758-A (ORTIZ)** – The bill would establish a public education initiative focused on reducing stigma and misinformation regarding mental health and substance use disorders among service members, veterans and their families as well as help to promote awareness and understanding of such and services available. **STATUS: The bill (A.2758-A) passed both houses and is pending delivery to the Governor.**
- **S.5006-A (PARKER)/A.2459-A (FAHY)** – The bill would require New York’s Division of Veterans' Services to maintain a website/portal providing information and resources available to assist veterans who experienced sexual trauma while on active duty or during military training. The website/portal shall provide links to governmental programs available on the federal and state level. The information is to be updated and maintained annually. **STATUS: The bill (A.2459-A) passed both houses and is pending delivery to the Governor.**
- **S.5991 (KAPLAN)/A.7594 (HUNTER)** – The bill would amend the provisions of Executive Law to expand the duties of the women veterans coordinator at New York’s Division of Veterans' Services to include: advocating for all women veterans, promotion of events and activities that educate and honor women veterans including trainings, and preparation of reports that breakdown the demographics of women veterans in New York State, including the number of women veterans by county and “unique needs of the women veterans population.” **STATUS: The bill (A.7594) passed both houses and is pending delivery to the Governor.**
- **S.4049-A (PARKER)/A.5660 (ROZIC)** – The bill would require New York’s Division of Veterans' Services, in consultation with the Office of Temporary Disability and Assistance, Department of Labor, and Office of Children and Family Services to conduct a study on the number of homeless veterans in New York State, the number of children of homeless veterans as well as the unemployment rate for veterans in New York with a written report due by June 30, 2020. **STATUS: The bill (S.4049-A) passed both houses and is pending delivery to the Governor.**
- **S.45-B (HOYLMAN)/A.8097 (BARRETT)** – The bill would amend various provisions of State law referring to “under honorable conditions” or “has been honorably discharged” to include veterans with a qualifying condition such as post-traumatic stress disorder, traumatic brain injury, or military sexual trauma, and who been dishonorably discharged and LGBT veterans who been dishonorably discharged. While dishonorable discharges cannot be revised by the State, allowing an exception as this legislation calls for would allow such veterans to access state benefits, which require an honorable discharge. **STATUS: The bill (S.45-B) passed both houses and is pending delivery to the Governor.**
- **S.4477-A (KAPLAN)/A.6792-A (STERN)** – The bill would require the free mobile application maintained by the New York’s Division of Veterans' Services, to provide information on programs and services available on region-specific basis and maintain a link for the application on the agency’s website. **STATUS: The bill (S.4477-A) passed both houses and is pending delivery to the Governor.**

MEDICAL MALPRACTICE BILLS:

NYSPA joined with MSSNY, medical specialty societies, hospital associations and others to oppose a slew of regressive medical liability bills. While the most onerous proposals that would have expanded damages in wrongful death suits (S.4006/A.5612), barred a defendant physician's defense attorney from interviewing plaintiff's treating physician (S.6194/A.2370), and allowed the admissibility of certain "hearsay" statements in civil actions (S.6335/A.7599) were defeated, two bills did pass both houses (see below) related to cases with multiple defendants where there has been an award for the plaintiff. NYSPA will join with MSSNY, medical societies and others to urge these two bills be vetoed recognizing the need for comprehensive medical liability reform.

- **S.6081 (HOYLMAN)/A.2372 (DINOWITZ)** – The bill would require a non-settling co-defendant in an action, where another co-defendant has previously settled, to choose whether to reduce his or her liability exposure by the stated settlement amount or the settling of the tortfeasor's equitable share prior to the start of the trial. **STATUS: The bill (S.6081) passed both houses and is pending delivery to the Governor.**
- **S.6552 (SKOUFIS)/A.2373 (DINOWITZ)** – The bill authorizes a plaintiff to bypass the defendant originally sued to collect a judgement from a third party defendant that been sued for contribution or indemnification as a result of the underlying action. **STATUS: The bill (S.6552) passed both houses and is pending delivery to the Governor.**

PART III:

SUMMARY OF THE DISPOSITION OF OTHER BILLS OF INTEREST TO NYSPA (BY CATEGORY)

I. SCOPE OF PRACTICE

Once again, there were a number of bills seeking to expand the scopes of practices of non-physician health care professionals, including psychologists, nurse practitioners and mental health practitioners, which NYSPA opposed along with MSSNY and the other statewide medical specialties. Most of the bills remained in committee, while one advanced through one house and others did not gain a companion in the other house. Here is a summary:

- **S.409 (LANZA); A.6132 (MCDONALD)** – Authorizes psychologists to prescribe. **STATUS: Remained in Senate and Assembly Higher Education Committees.**
- **S.4967-A (SKOUFIS)/A.6389-A (PEOPLES-STOKES)** – The bill would amend State Education Law to authorize applied behavior analysts to provide applied behavioral analysis treatment to any individual (youth or adult) without a diagnosis of autism spectrum disorders or related disorders. **STATUS: Remained in Senate and Assembly Higher Education Committees.**
- **S.4848 (BRESLIN)/A.3830 (MCDONALD)** – The bill would authorize pharmacists to administer injectable medications for mental health and substance use disorders "...as prescribed or ordered by a licensed prescriber in this state and in accordance with regulations promulgated by the commissioner in consultation with the board of pharmacy." **STATUS: The bill passed the Senate, but remained in the Assembly Higher Education Committee.**
- **A.4383 (DENDEKKER)/No Same As** – The bill would expand the scope of practice of mental health practitioners, licensed pursuant to Article 163 of the State Education Law, to include diagnosis of mental illness. **STATUS: Remained in Assembly Higher Education Committee.**
- **A.2820 (ORTIZ)/No Same As** – Authorizes a nurse practitioner to admit a patient to an inpatient mental health unit on a voluntary basis. **STATUS: Remained in Assembly Higher Education Committee.**

II. CORPORATE PRACTICE BILLS

- **A.7745 (GOTTFRIED)/NO SAME AS; A.1046 (PAULIN)/NO SAME AS** – Bill would authorize the establishment of for-profit limited services clinics (i.e. retail clinics). **STATUS: Remained in Assembly Rules and Assembly Health Committees.**
- **A.4227 (WEPRIN)/NO SAME AS** – Bill authorizes psychologists and non-psychiatrist physicians to form limited liability companies, professional corporations and partnerships with one another. **STATUS: Remained in Assembly Higher Education Committee.**

- **S.6128-A (SAVINO)/A.6377-A (PEOPLES-STOKES)** – Omnibus legislation that would authorize a number of non-physician health care professionals to form multidisciplinary partnerships, limited liability companies, and professional service corporations with physicians. *STATUS: Senate bill remained in Senate Corporations Committee, while the Assembly bill remained in the Assembly Higher Education Committee.*
- **S.3834 (METZGER)/A.3074 (ABINANTI)** – Authorizes summer camps to hire certain mental health professionals and others. *STATUS: Bill (S.3834) passed the Senate and remained in the Assembly Higher Education Committee.*

III. OTHER BILLS RELATED TO THE PRACTICE OF MEDICINE

- **S.5441 (SEPULVEDA)/A.1033 (GOTTFRIED)** – The bill would implement certain procedures for the use of psychotropic medications in nursing homes and adult care facilities, including informed and written consent before ordering or increasing the dosage of psychiatric medication(s). The informed consent would have to be provided to the individual or the individual’s lawful representative and contain certain information, while also providing an exception in case of emergency. NYSPA opposed the bill on the grounds it held psychiatric medications to higher standard for consent than other medications and the fact that Section 2803-c of the Public Health Law already requires that all nursing homes and adult care facilities provide a Statement of Rights and Responsibilities to all residents, which includes provisions regarding informed consent. *STATUS: The bill passed the Assembly and remained in committee in the Senate.*
- **S.2372 (CARLUCCI)/A.4847 (STECK) – DUTY TO PROTECT FOR MENTAL HEALTH PRACTITIONERS** – This legislation amends the Mental Hygiene Law to authorize, *but not require*, mental health practitioners, including physicians, psychologists, nurse practitioners and social workers, working in private practice to take timely and reasonable efforts to reduce or eliminate the risk of harm when a patient who is currently receiving treatment “directly communicates a threat of serious, imminent harm to self or against a readily identifiable person or persons, and the threat includes both a serious intent to act and the ability to carry out the threat.” In the absence of a statute, there has not been litigation against private practitioners in New York State in the thirty years since the California Tarasoff decision and therefore NYSPA remains concerned that any legislation would pose unnecessary exposure to liability. *STATUS: The bills remained in committee in both houses.*
- **S.2847 (BRESLIN)/A.3038 (GOTTFRIED)** –The legislation contains important prior authorization reforms including: (1) Requiring utilization review agents to use criteria that is evidence-based and peer-reviewed, taking into account “the needs of atypical patient populations and diagnoses;” (2) shortening the timeframe insurers and health plans have to respond to prior authorization requests; (3) limiting when insurers can revoke or require repeated requests for previously granted prior authorizations; and, (4) prohibiting mid-year prescription formulary changes (Note this aspect is addressed in separate legislation, A.2969-A, which was passed by Senate and Assembly, see Part II of report). NYSPA supported the bill along with MSSNY, medical specialty societies and many others. *STATUS: The bill advanced to the Senate calendar, but was not taken up before the Senate adjourned. The bill remained in the Assembly Insurance Committee.*
- **S.2599 (PARKER)/A.3439 (WALKER)** – Requires the Department of Health to conduct study on drugs prescribed to school-age children with ADD and ADHD with a directive that the study “shall concentrate on harmful side effects of such drugs.” NYSPA opposed given the one-sided approach called for and the research already under way at the federal level and other research institutions. *STATUS: The bill is advanced to the Senate calendar, but was not taken up before the Senate adjourned. The bill remained in the Assembly Health Committee.*
- **A.3455 (ORTIZ)/NO SAME AS** – Prohibits use of ECT on those younger than 16, establishes procedures for consent and quarterly reporting requirements. *STATUS: Bill remained in Assembly Mental Health Committee.*
- **A.6587 (DIPIETRO)/NO SAME AS** – Make it professional misconduct for physicians, psychologists, social workers and mental health practitioners to provide ECT and makes it a crime under Penal Law. *STATUS: Bill remained in Assembly Higher Education Committee.*
- **S.3947 (SAVINO)/A.2694 (PAULIN) – MEDICAL AID IN DYING** – The bill would allow terminally ill individuals to request self-administered medication that would result in death while outlining the requirements and conditions to be followed. *STATUS: The bills remained in Senate and Assembly Health Committees.*
- **S.6516 (BAILEY)/A.5475 (FERNANDEZ)** – The bill requires two qualified psychiatrists to be employed by each school district to perform and coordinate the provision of mental health services in the public schools. *STATUS: The bill remained in the Senate Rules Committee and the Assembly Education Committee.*

IV. SOLITARY CONFINEMENT REFORM

NYSPA signed onto a letter in support of the Humane Alternatives to Long-Term Solitary Confinement Act (HALT, S.1623/A.2500) and HALT campaign, which would have prohibited solitary confinement for certain vulnerable populations, include those with a disability and capped it at no more than fifteen consecutive days during a twenty day period. While Governor Cuomo and Legislative Leaders could not reach a consensus on the legislation, the Governor and leaders did announce a series of actions that would be taken administratively to restrict the use of solitary confinement, particularly for vulnerable populations. The terms of the agreement as outlined in the statement from Governor Cuomo and Legislative Leaders:

- “The strict prohibition of placement of vulnerable incarcerated individuals such as adolescents, pregnant women, and the disabled within a special housing unit for solitary confinement and provisions to ensure that only incarcerated individuals who commit serious misconduct can be sent to special housing units for solitary confinement.
- Ensuring that the duration of time incarcerated individuals will be permitted to be housed within a special housing unit for solitary confinement will ultimately be capped at 30 days.
- Expanding the use of specialized units by DOCCS where individuals released from solitary confinement will be housed before being returned to the general population area of the facility. While housed in these specialized units, incarcerated individuals will receive programming and treatment tailored to promote personal development and rehabilitation and staff assigned to these units will be required to undergo additional training.
- Ensuring that incarcerated individuals housed within one of the specialized units will be able to earn an early release back to the general population area of the facility by completing the programming assigned to them before the expiration of the imposed sanction. There will also be a presumption that any loss of good time will be restored to individuals who successfully complete their rehabilitation program.
- Ensuring that incarcerated individuals will not be denied essential services as a form of discipline and DOCCS will not impose restricted diets or any other changes in diet as punishment.
- Making clear that solitary confinement will be a reserved punishment for serious conduct that creates significant risk to the safety and security of correctional facilities and the individuals within.
- Increasing training of all staff that work within special housing units on de-escalation techniques, implicit bias, trauma-informed care, and dispute resolution.”

NYSPA will continue to monitor this issue and implementation of the above reforms.

PART IV: OTHER NEWS & DEVELOPMENTS

I. NYSPA’S VETERANS MENTAL HEALTH – PRIMARY CARE TRAINING INITIATIVE (VMH-PCTI)

NYSPA’s VMH-PCTI has had a very busy year hosting twelve presentations across New York State training more than 100 primary care providers, psychiatrists and residents on combat-related mental health conditions, including post-traumatic stress disorder and traumatic brain injury as well as veteran suicide and suicide prevention. The trainings were held in person and via webinar with a robust schedule of presentations under development for the remainder of 2019.

In addition, NYSPA’s VMH-PCTI is in the midst of coordinating the recording of both of its presentation tracks, which will be made available via NYSPA’s website. Based on the evaluations completed by participants and feedback from the curriculum-faculty advisory committee, NYSPA’s VMH-PCTI is undertaking the development of curriculum on use and misuse of opioids, women veterans’ issues as well as military culture. The new content and presentations should be available starting in the fall 2019. The additional presentation tracks will be timely as the Veterans Administration has launched an effort to expand access to care in the community for veterans and their families through the MISSION Act, which went into effect June 6, 2019.

For more information on NYSPA’s VMH-PCTI, refer to the newly created section on NYPSA’s website for the VMH-PCTI.

II. OTHER NEWS

The Department of Financial Services recently announced the adoption of a regulation that will require all health insurance policies issued in New York to include coverage for maternal depression screenings by adult and pediatric primary care providers, including referrals to treatment specialists. Under the regulation, a policy that only covers the child must still provide

for maternal depression screening. The regulation takes effect August 11, 2019. For more information, visit: https://www.dfs.ny.gov/reports_and_publications/press_releases/pr1905301.

Before adjourning, the Senate confirmed Linda Laceywell as the Superintendent of the Department of Financial Services.