

STATE OF NEW YORK

893

2025-2026 Regular Sessions

IN SENATE

(Prefiled)

January 8, 2025

Introduced by Sen. SEPULVEDA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to the use of psychotropic medications in nursing homes and adult care facilities

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 280-d to read as follows:

3 § 280-d. Use of antipsychotic medications in nursing homes. 1. As
4 used in this section:

5 (a) "lawful representative" means, where a resident lacks capacity to
6 consent to health care, a person authorized to consent on behalf of the
7 resident, including, but not limited to, a health care agent authorized
8 by a health care proxy under article twenty-nine-C of this chapter or a
9 surrogate under article twenty-nine-CC of this chapter; and

10 (b) "health care professional" means a health care professional,
11 licensed, certified or authorized to practice under title eight of the
12 education law, acting within such health care professional's lawful
13 scope of practice, who has authority to order an antipsychotic medica-
14 tion.

15 2. (a) A nursing home or a health care professional shall obtain the
16 informed consent of the resident or the resident's lawful represen-
17 tative, before initiating the administration of an antipsychotic medica-
18 tion for a resident, provided that informed consent shall not be
19 required in the case of:

20 (i) a resident who has been prescribed an antipsychotic medication
21 prior to an admission or readmission to the nursing home;

22 (ii) a resident who has previously provided informed consent within
23 the last twelve months;

24 (iii) a resident receiving hospice care;

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (iv) a resident of a nursing home's certified behavioral unit;
2 (v) a resident with a primary diagnosis of Huntington's disease; or
3 (vi) an emergency as defined in subdivision three of this section.

4 (b) Where a resident lacks capacity to consent to health care and
5 lacks a lawful representative, a prescription under this section shall
6 be subject to subdivision four of section twenty-nine hundred ninety-
7 four-g of this chapter as if the resident were an inpatient of a general
8 hospital. To constitute informed consent, the following disclosure shall
9 be given to the resident or, where the resident lacks capacity to
10 consent to health care, the resident's lawful representative, in a clear
11 and explicit manner:

12 (i) the reason for the medication, including the nature and serious-
13 ness of the resident's illness, disorder or condition that the medica-
14 tion is intended to treat;

15 (ii) the anticipated benefit from the medication, and the dosage,
16 frequency, and duration of the order;

17 (iii) the probability of side effects and significant risks of the
18 medication, including the nature, degree, and duration of such effects
19 and reasonably known risks;

20 (iv) the reasonable alternative treatments to the proposed medication
21 and the reason that the prescribing health care professional prefers the
22 proposed medication in this instance; and

23 (v) that the resident or lawful representative has the right to
24 consent or refuse consent to use of the proposed medication, and that if
25 such resident or lawful representative consents, such resident or lawful
26 representative has the right to revoke such resident's or lawful repre-
27 sentative's consent for any reason, at any time, including a description
28 of how the consent shall be revoked.

29 (c) The health care professional shall document in the resident's
30 medical record the date and time that the informed consent disclosure
31 was provided, and to whom and by whom it was provided.

32 (d) Where the resident's medical record notes that a family member has
33 requested notification of medication orders or prescriptions, and such
34 notification is otherwise lawful, the health care professional shall
35 cause notice to be provided within forty-eight hours of the order under
36 this section. Such notice shall not be provided if the resident specif-
37 ically requests that the family member not be given notification.

38 3. A nursing home and a health care professional shall not be required
39 to obtain consent under this section to issue an order for use of an
40 antipsychotic medication for a resident in a nursing home where it is
41 necessary in an emergency to protect against an immediate threat to the
42 life, health or safety of the resident or another person. The medica-
43 tion must be the most appropriate available means of reducing that
44 threat, with the least risk of harm considering the resident's condition
45 or disorder. The order shall only apply, in the absence of consent,
46 during the emergency. Where an order is made under this subdivision, the
47 health care professional shall immediately record the use of the anti-
48 psychotic medication, the reason for the use, and the dosage, in the
49 resident's medical record; and shall promptly notify the resident or the
50 resident's lawful representative who would have had the authority to
51 consent, and any family member required to be notified under this
52 section and record such notifications in the resident's medical record.

53 4. This section does not increase the lawful scope of practice of any
54 health care professional and does not diminish or impair any requirement
55 for or regulation of consent to health care treatment.

56 5. The commissioner may make regulations to implement this section.

1 § 2. This act shall take effect one year after it shall have become a
2 law. Effective immediately, the addition, amendment and/or repeal of any
3 rule or regulation necessary for the implementation of this act on its
4 effective date are authorized to be made and completed on or before such
5 effective date.