S T A T E O F N E W Y O R K

10373

I N A S S E M B L Y

May 24, 2012

Introduced by M. of A. GOLDFEDER, CYMBROWITZ, GOTTFRIED -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to information and counseling on appropriate treatment options

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Section 2997-c of the public health law, as added by chapter 331 of the laws of 2010, is amended to read as follows:

S 2997-c. Palliative care patient information. 1. Definitions. As used in this section, the following terms shall have the following meanings, unless the context clearly requires otherwise:

(a) "Appropriate" means consistent with applicable legal, health and professional standards; the patient's clinical and other circumstances; and the patient's reasonably known wishes and beliefs.

(b) "Attending health care practitioner" means a physician or nurse practitioner who has primary responsibility for the care and treatment of the patient. Where more than one physician or nurse practitioner share that responsibility, each of them has responsibility under this section, unless they agree to assign that responsibility to one of them.

(c) "Palliative care" means health care treatment, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, including hospice care under article forty of this chapter.

(d) "Terminal illness or condition" means an illness or condition which can reasonably be expected to cause death within six months, whether or not treatment is provided.

2. If a patient is diagnosed with a terminal illness or condition, the patient's attending health care practitioner shall offer to provide the patient with:

(A) information and counseling regarding palliative care and end-of-life options appropriate to the patient, including but not limited to: the range of options appropriate to the patient; the prognosis, risks

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

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and benefits of the various options; and the patient's legal rights to comprehensive pain and symptom management at the end of life, AND

(B) INFORMATION REGARDING OTHER APPROPRIATE TREATMENT OPTIONS SHOULD THE PATIENT WISH TO INITIATE OR CONTINUE TREATMENT. The information and counseling may be provided orally or in writing. Where the patient lacks capacity to reasonably understand and make informed choices relating to palliative care, the attending health care practitioner shall provide information and counseling under this section to a person with authority to make health care decisions for the patient. The attending health care practitioner may arrange for information and counseling under this section to be provided by another professionally qualified individual.

3. Where the attending health care practitioner is not willing OR DOES NOT FEEL QUALIFIED to provide the patient with information and counseling under this section, he or she shall arrange for another physician or nurse practitioner to do so, or shall refer or transfer the patient to another physician or nurse practitioner willing to do so.

S 2. This act shall take effect one hundred eighty days after it shall have become a law.