

8894

I N A S S E M B L Y

(PREFILED)

January 4, 2012

Introduced by M. of A. QUART -- read once and referred to the Committee
on Health

AN ACT to amend the public health law and the education law, in relation
to chronic pain management

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

1 Section 1. Legislative intent: The legislature hereby finds that
2 medical treatment of chronic pain in this state needs to be reexamined
3 to enhance the ability to assess such condition, increase access to
4 appropriate care to treat and mitigate chronic pain, and improve the
5 quality of life for those afflicted with this condition. Currently
6 chronic pain is most often treated by primary care providers who may
7 have little training in the assessment and proper treatment of complex
8 chronic pain conditions. This, in turn, has led, in certain circum-
9 stances, to patients seeing multiple health care providers and experi-
10 encing multiple and repeated diagnostic tests, that lead to inadequate
11 or unproven surgeries, prescription of unneeded or strong pain medica-
12 tions, with its consequential heightened possibility to lead to the long
13 term addiction to such strong pain medications, and the performance of
14 procedures or treatment regimens that are not able to successfully treat
15 or mitigate such chronic pain.

16 Further, the current practice of the repeated utilization of different
17 health practitioners, tests and unnecessary medical procedures to treat
18 such chronic pain is resulting in higher health care costs. These
19 increased costs come from unnecessary visits to health care practition-
20 ers, more and longer hospital stays, performing unnecessary surgeries or
21 other medical procedures, and unnecessary prescription of costly and
22 dangerous drugs. This inefficient use of valuable health care resources
23 is contributing to the rapidly increasing cost of providing health care.
24 With the continuing aging of New York's general population, this trend
25 may only continue to grow. Further, the consequences to patients
26 afflicted with chronic pain will continue to undermine the physical,

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

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1 social, economic and psychological well being of such patients, their
2 families and loved ones.

3 The current health care delivery system both over treats and under-
4 treats those afflicted with chronic pain. Ideally, all patients subject
5 to chronic pain should be able to obtain an appropriate assessment of
6 the underlying conditions that cause such pain, followed by an appropri-
7 ate plan of care that reflects the best practices currently available to
8 prevent the adverse effects of pain. Such care should be provided in a
9 coordinated manner that minimizes such chronic pain and is cost effec-
10 tive for the patient, health care delivery system, and for employers of
11 such persons. In sum, the provision of chronic pain treatments needs a
12 major reassessment to enhance assessment capabilities, increase access
13 to appropriate care, improve the quality of care, and do so in a manner
14 that minimizes the cost of providing such care.

15 S 2. The public health law is amended by adding a new article 28-F to
16 read as follows:

17 ARTICLE 28-F

18 CHRONIC PAIN MANAGEMENT

19 SECTION 2899-K. CHRONIC PAIN MANAGEMENT.

20 S 2899-K. CHRONIC PAIN MANAGEMENT. 1. DEFINITIONS. THE FOLLOWING WORDS
21 OR PHRASES AS USED IN THIS ARTICLE SHALL HAVE THE FOLLOWING MEANINGS:

22 (A) "CHRONIC PAIN" SHALL MEAN CONSISTENT AND SIGNIFICANT PHYSICAL PAIN
23 OR DISCOMFORT THAT LASTS FOR AN EXTENDED PERIOD OF TIME BEYOND AN ACUTE
24 PHYSICAL INJURY OR PAINFUL STIMULUS, AND PERSISTS UNABATED FOR A PERIOD
25 OF TIME GREATER THAN SIX MONTHS. FURTHER SUCH CONDITION IMPEDES THE
26 ABILITY OF SUCH PERSON FROM CONDUCTING MANY NORMAL LIFE ACTIVITIES, OR
27 IMPEDES OR LEADS TO THE LOSS OF EMPLOYMENT, OR CURTAILS THE ABILITY TO
28 PERFORM A NUMBER OF PREVIOUSLY EXECUTED PHYSICAL EMPLOYMENT TASKS. SUCH
29 CHRONIC PAIN MAY BE ASSOCIATED WITH CANCER PAIN, PAIN FROM CHRONIC OR
30 DEGENERATIVE DISEASES OR CONDITIONS, OR FROM AN UNIDENTIFIED CAUSE.

31 (B) "CHRONIC PAIN CARE CERTIFIED MEDICAL SCHOOL" SHALL MEAN A MEDICAL
32 SCHOOL IN THE STATE WHICH IS AN INSTITUTION WHICH GRANTS A DEGREE OF
33 DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHIC MEDICINE IN ACCORDANCE WITH
34 REGULATIONS PROMULGATED BY THE COMMISSIONER OF EDUCATION PURSUANT TO
35 SUBDIVISION TWO OF SECTION SIXTY-FIVE HUNDRED TWENTY-FOUR OF THE EDUCA-
36 TION LAW, AND WHICH MEETS THE STANDARDS ESTABLISHED PURSUANT TO REGU-
37 LATIONS PROMULGATED BY THE COMMISSIONER, AFTER CONSULTATION WITH THE
38 COUNCIL, THAT ARE USED TO DETERMINE WHETHER A MEDICAL SCHOOL IS ELIGIBLE
39 FOR FUNDING PURSUANT TO THIS SECTION.

40 (C) "CHRONIC PAIN CARE CERTIFIED RESIDENCY PROGRAM" SHALL MEAN A GRAD-
41 UATE MEDICAL EDUCATION PROGRAM IN THE STATE WHICH HAS RECEIVED ACCREDI-
42 TATION FROM A NATIONALLY RECOGNIZED ACCREDITATION BODY FOR MEDICAL OR
43 OSTEOPATHIC RESIDENCY PROGRAMS, AND WHICH MEETS THE STANDARDS ESTAB-
44 LISHED PURSUANT TO REGULATIONS PROMULGATED BY THE COMMISSIONER, AFTER
45 CONSULTATION WITH THE COUNCIL, THAT ARE USED TO DETERMINE WHETHER A
46 RESIDENCY TRAINING PROGRAM IS ELIGIBLE FOR FUNDING PURSUANT TO THIS
47 SECTION.

48 (D) "COUNCIL" SHALL MEAN THE STATE CHRONIC PAIN MANAGEMENT EDUCATION
49 AND TRAINING COUNCIL ESTABLISHED BY SUBDIVISION TWO OF THIS SECTION.

50 (E) "HEALTH CARE PROFESSIONALS" SHALL MEAN AND INCLUDE THOSE HEALTH
51 CARE PROFESSIONALS WHO REGULARLY TREAT PATIENTS THAT HAVE CHRONIC PAIN,
52 AND INCLUDES, BUT IS NOT LIMITED TO, ACUPUNCTURISTS, CHIROPRACTORS,
53 DENTISTS, NURSE PRACTITIONERS, REGISTERED PROFESSIONAL NURSES, PODIA-
54 TRISTS, PHARMACISTS, PHYSICIANS, PHYSICAL THERAPISTS, PHYSICIAN ASSIST-
55 ANTS, PSYCHIATRISTS AND OCCUPATIONAL THERAPISTS.

1 (F) "PROFESSIONAL CONTINUING EDUCATION" OR "CONTINUING EDUCATION"
2 SHALL MEAN ALL PROFESSIONAL CONTINUING EDUCATION PROGRAMS REQUIRED
3 EITHER BY STATE LAW OR BY PROFESSIONAL ASSOCIATIONS AUTHORIZED BY THE
4 EDUCATION DEPARTMENT TO MONITOR THE REQUIREMENTS OF LICENSURE, AND TO
5 CONDUCT AND APPROVE PROFESSIONAL CONTINUING EDUCATION REQUIREMENTS FOR A
6 HEALTH CARE PROFESSION. SUCH PROFESSIONS SHALL INCLUDE, BUT NOT BE
7 LIMITED TO, ACUPUNCTURE, CHIROPRACTIC, DENTISTRY, NURSING, PODIATRY,
8 PHARMACY, MEDICINE, PHYSICAL THERAPY, PHYSICIAN ASSISTANCE, PSYCHOLOGY
9 AND OCCUPATIONAL THERAPY.

10 2. STATE CHRONIC PAIN MANAGEMENT EDUCATION AND TRAINING COUNCIL. (A)
11 THE STATE CHRONIC PAIN MANAGEMENT EDUCATION AND TRAINING COUNCIL IS
12 HEREBY ESTABLISHED IN THE DEPARTMENT TO BE AN EXPERT PANEL TO ADVISE THE
13 COMMISSIONER AND COMMISSIONER OF EDUCATION ON: (I) ADVANCES IN THE OPTI-
14 MUM TREATMENT, MANAGEMENT AND BEST PRACTICES RELATED TO MITIGATING OR
15 ALLEVIATING CHRONIC PAIN, (II) TO PROMOTE BETTER INTERDISCIPLINARY AND
16 COORDINATED PROVISION OF CARE RELATED TO CHRONIC PAIN MANAGEMENT, (III)
17 TO DEVELOP NEW PUBLIC POLICIES RELATED TO ADVANCING THE TEACHING OF SUCH
18 NEW TREATMENTS, MANAGEMENT REGIMENS, OR BEST PRACTICES ON CHRONIC PAIN
19 MANAGEMENT AND CARE IN CHRONIC PAIN CARE CERTIFIED MEDICAL SCHOOLS AND
20 CHRONIC PAIN CARE CERTIFIED RESIDENCY PROGRAMS, AND (IV) DEVELOP GUIDE-
21 LINES TO ASSIST THE EDUCATION DEPARTMENT IN ESTABLISHING MATERIALS AND
22 CURRICULA TO BE USED IN PROVIDING PROFESSIONAL CONTINUING EDUCATION
23 PROGRAMS FOR THOSE HEALTH CARE PROFESSIONALS REGULATED BY SUCH DEPART-
24 MENT.

25 (B) THE COUNCIL SHALL BE COMPOSED OF TWENTY-FIVE MEMBERS APPOINTED BY
26 THE COMMISSIONER. THE COMMISSIONER SHALL SEEK RECOMMENDATIONS FOR
27 APPOINTMENTS TO SUCH COUNCIL FROM HEALTH CARE PROFESSIONAL, CONSUMER,
28 MEDICAL INSTITUTIONAL, MEDICAL EDUCATIONAL LEADERS AND OTHER PROFES-
29 SIONAL EDUCATIONAL LEADERS FROM THIS STATE. THE MEMBERSHIP OF THE COUN-
30 CIL SHALL INCLUDE: NINE REPRESENTATIVES OF MEDICAL SCHOOLS AND HOSPITAL
31 ORGANIZATIONS; TWO REPRESENTATIVES OF MEDICAL ACADEMIES; INDIVIDUAL
32 REPRESENTATIVES OF ORGANIZATIONS BROADLY REPRESENTATIVE OF PHYSICIANS,
33 FAMILY PHYSICIANS, PRIMARY CARE PHYSICIANS, INTERNAL MEDICINE, RHEUMA-
34 TOLOGY, NURSING, GERONTOLOGY, HOSPICE, NEUROLOGY, PSYCHIATRY, PEDIA-
35 TRICS, SURGERY, CHIROPRACTIC CARE, PODIATRIC CARE, PHARMACISTS OR THOSE
36 PROFESSIONALS RELATED TO THE PRESCRIPTION OR MANUFACTURE OF PAIN MEDICA-
37 TIONS, EMERGENCY ROOM HEALTH CARE PROFESSIONALS, MASSAGE THERAPISTS,
38 OCCUPATIONAL AND PHYSICAL THERAPY, PATIENT ADVOCATES AND THE HOSPITAL
39 PHILANTHROPIC COMMUNITY; HEALTH CARE PLAN PAYORS OR INSURERS; THE EXECU-
40 TIVE DIRECTOR OR A MEMBER OF THE NEW YORK STATE COUNCIL ON GRADUATE
41 MEDICAL EDUCATION; AND A MEMBER OF THE NEW YORK STATE PALLIATIVE CARE
42 EDUCATION AND TRAINING COUNCIL.

43 (C) THE MEMBERS OF THE COUNCIL SHALL HAVE EXPERTISE IN THE TREATMENT
44 AND MANAGEMENT OF CHRONIC PAIN AND THE CARE OF PATIENTS THAT ARE
45 AFFLICTED WITH CHRONIC PAIN CONDITIONS. THE TERM OF SUCH MEMBERS SHALL
46 BE FOUR YEARS AND SUCH TERMS MAY BE RENEWED. MEMBERS SHALL RECEIVE NO
47 COMPENSATION FOR THEIR SERVICES, BUT SHALL BE ALLOWED ACTUAL AND NECES-
48 SARY EXPENSES IN THE PERFORMANCE OF THEIR DUTIES.

49 (D) A CHAIR AND VICE-CHAIR OF THE COUNCIL SHALL BE ELECTED ANNUALLY BY
50 THE COUNCIL. THE COUNCIL SHALL MEET UPON THE CALL OF THE COMMISSIONER OR
51 THE CHAIR. THE COUNCIL MAY ADOPT REGULATIONS CONSISTENT WITH THIS
52 SECTION.

53 (E) THE COMMISSIONER SHALL DESIGNATE SUCH EMPLOYEES AND PROVIDE FOR
54 OTHER RESOURCES FROM THE DEPARTMENT AS MAY BE REASONABLY NECESSARY TO
55 PROVIDE SUPPORT AND SERVICES FOR THE WORK OF THE COUNCIL. THE COUNCIL
56 MAY EMPLOY ADDITIONAL STAFF AND CONSULTANTS AND INCUR OTHER EXPENSES TO

1 CARRY OUT ITS DUTIES, TO BE PAID FOR FROM AMOUNTS WHICH MAY BE MADE
2 AVAILABLE TO THE COUNCIL FOR THAT PURPOSE.

3 (F) THE COUNCIL MAY PROVIDE TECHNICAL INFORMATION AND GUIDANCE TO
4 HEALTH CARE PROFESSIONALS ON THE LATEST BEST PRACTICES, STRATEGIES,
5 THERAPIES AND MEDICATIONS TO TREAT OR MANAGE CHRONIC PAIN. FURTHER, TO
6 PROVIDE TECHNICAL INFORMATION AND GUIDANCE TO HEALTH CARE PROFESSIONALS
7 TO ENCOURAGE BETTER COORDINATED CARE TO TREAT OR MITIGATE THE PAIN
8 SUFFERED BY CHRONIC PAIN PATIENTS.

9 3. POLICIES TO BE CONSIDERED, EXAMINED AND POSSIBLY ADVANCED BY THE
10 COUNCIL. THE COUNCIL SHALL CONSIDER AND EXAMINE THE FOLLOWING POLICIES
11 AND GUIDELINES IN THE ADOPTION OF ANY RULES AND REGULATIONS:

12 (A) THE TREATMENT AND CARE PROVIDED TO PATIENTS THAT SUFFER CHRONIC
13 PAIN SHOULD BE CENTERED IN THE PRIMARY CARE ENVIRONMENT AND FOSTER COOR-
14 DINATED CARE BETWEEN THE VARIOUS HEALTH CARE PROFESSIONAL DISCIPLINES.

15 (B) CHRONIC PAIN MANAGEMENT AND CARE SHOULD BE COORDINATED TO HELP
16 MINIMIZE THE DISPENSING OF PRESCRIPTION DRUGS, AVOID DUPLICATIVE AND
17 COSTLY EVALUATIONS AND DIAGNOSTIC TESTS, AND TREATMENTS TO MINIMIZE
18 CHRONIC PAIN.

19 (C) DEVELOPMENT OF CHRONIC PAIN MANAGEMENT AND CARE TECHNIQUES THAT
20 ADDRESSES DISCREPANCIES THAT MAY OCCUR IN THE TREATMENT OF PATIENTS
21 BASED ON RACE, ETHNICITY, GENDER, INCOME LEVEL OR AGE.

22 (D) DEVELOP AND PROMOTE THE USE OF BEST PRACTICES TO MITIGATE THE
23 SUFFERING OF CHRONIC PAIN IN PATIENTS. THE UTILIZATION OF SUCH BEST
24 PRACTICES CAN BE PROMOTED BY: (I) THE PROVISION OF PROFESSIONAL CONTINU-
25 ING EDUCATION PROGRAMS TO ALL HEALTH CARE PROFESSIONALS ON ADVANCES IN
26 BEST PRACTICES IN CHRONIC PAIN MANAGEMENT AND CARE, AND (II) THE DEVEL-
27 OPMENT OF ADVANCES IN BEST PRACTICES BASED ON NEW RESEARCH, CLINICAL
28 EXPERIENCE, AND THE PROMOTION OF INTER-DISCIPLINARY DIALOG AND COOPER-
29 ATION BETWEEN THE VARIOUS HEALTH CARE PROFESSIONALS.

30 (E) ENCOURAGE THE WIDER USE OF COORDINATED HEALTH INFORMATION TECHNOL-
31 OGY SYSTEMS TO TRACK PAIN DISORDERS, TREATMENTS, AND OUTCOMES AS A MECH-
32 ANISM TO IMPROVE CHRONIC PAIN CARE AND TO BETTER INTEGRATE COORDINATED
33 CARE AMONG THE VARIOUS TREATING HEALTH CARE PROFESSIONALS.

34 (F) CONSIDER ALTERATIONS IN MEDICAID AND PRIVATE PAYOR REIMBURSEMENT
35 RATES AND PRACTICES TO ENCOURAGE MORE OPTIMUM PROVISION OF QUALITY
36 CHRONIC PAIN MANAGEMENT AND CARE BY ALL HEALTH CARE PROFESSIONALS.

37 (G) ENCOURAGE A BALANCED APPROACH TO REGULATE THE DISTRIBUTION, USE,
38 AND PRESCRIPTION OF MEDICATIONS THAT ARE USED TO TREAT CHRONIC PAIN
39 CONDITIONS. SUCH BALANCED APPROACH NEEDS TO ENSURE THAT PATIENTS CAN
40 OBTAIN THE MEDICATIONS THAT THEY NEED, BUT ARE NOT OVER PRESCRIBED SUCH
41 MEDICATIONS, WHICH CAN LEAD TO PATIENT ABUSE OR LONG TERM ADDICTION.
42 FURTHER, THE NEED TO MONITOR MULTIPLE DAILY MEDICATION PRESCRIPTION
43 REGIMENS, COUPLED WITH PSYCHOLOGICAL, BEHAVIORAL, AND SOCIAL INTER-
44 VENTION ACTIVITIES OF SUCH PATIENTS. FURTHER, TO REDUCE THE THREAT OF
45 DRUG ABUSE, ADDICTION OR DIVERSION OF SUCH MEDICATIONS TO USES NOT
46 RELATED TO PROPER TREATMENT OF CHRONIC PAIN CONDITIONS.

47 4. GRANTS FOR UNDERGRADUATE MEDICAL EDUCATION IN CHRONIC PAIN TREAT-
48 MENT AND MANAGEMENT. (A) THE COMMISSIONER IS AUTHORIZED, WITHIN AMOUNTS
49 FROM ANY SOURCE APPROPRIATED OR OTHERWISE PROVIDED FOR SUCH PURPOSE, TO
50 MAKE GRANTS TO CHRONIC PAIN CARE CERTIFIED MEDICAL SCHOOLS TO ENHANCE
51 THE STUDY AND RESEARCH OF CHRONIC PAIN TREATMENT AND MANAGEMENT,
52 INCREASE THE OPPORTUNITIES FOR UNDERGRADUATE MEDICAL EDUCATION IN CHRON-
53 IC PAIN CARE TREATMENT AND MANAGEMENT, AND ENCOURAGE THE EDUCATION OF
54 PHYSICIANS IN CHRONIC PAIN CARE MANAGEMENT AND TREATMENT.

55 (B) GRANT PROCEEDS UNDER THIS SUBDIVISION MAY BE USED FOR FACULTY
56 DEVELOPMENT IN CHRONIC PAIN CARE TREATMENT AND MANAGEMENT; RECRUITMENT

1 OF FACULTY WITH AN EXPERTISE IN THE MANAGEMENT AND TREATMENT OF CHRONIC
2 PAIN; COSTS INCURRED TEACHING MEDICAL STUDENTS AT HOSPITAL-BASED SITES,
3 NON-HOSPITAL BASED AMBULATORY CARE SETTINGS, CERTIFIED HOME HEALTH AGEN-
4 CIES, LICENSED LONG TERM HOME HEALTH CARE PROGRAMS, PRIVATE AND PUBLIC
5 HEALTH CARE CLINICS, AND IN PRIVATE PHYSICIAN PRACTICES INCLUDING, BUT
6 NOT LIMITED TO PERSONNEL, ADMINISTRATION AND STUDENT-RELATED EXPENSES;
7 EXPANSION OR DEVELOPMENT OF PROGRAMS THAT TRAIN PHYSICIANS IN THE TREAT-
8 MENT AND MANAGEMENT OF CHRONIC PAIN; AND OTHER INNOVATIVE PROGRAMS
9 DESIGNED TO INCREASE THE COMPETENCY OF MEDICAL STUDENTS TO PROVIDE
10 CHRONIC PAIN CARE TO PATIENTS.

11 (C) GRANTS UNDER THIS SUBDIVISION SHALL BE AWARDED BY THE COMMISSIONER
12 THROUGH A COMPETITIVE APPLICATION PROCESS TO THE COUNCIL. THE COUNCIL
13 SHALL MAKE RECOMMENDATIONS FOR FUNDING TO THE COMMISSIONER.

14 5. GRANTS FOR GRADUATE MEDICAL EDUCATION IN CHRONIC PAIN TREATMENT AND
15 MANAGEMENT. (A) THE COMMISSIONER IS AUTHORIZED, WITHIN AMOUNTS FROM ANY
16 SOURCE APPROPRIATED OR OTHERWISE PROVIDED FOR SUCH PURPOSE, TO MAKE
17 GRANTS TO CHRONIC PAIN CARE CERTIFIED RESIDENCY PROGRAMS TO ESTABLISH OR
18 EXPAND EDUCATION IN CHRONIC PAIN TREATMENT AND MANAGEMENT FOR GRADUATE
19 MEDICAL EDUCATION, AND TO INCREASE THE OPPORTUNITIES FOR TRAINEE EDUCA-
20 TION IN THE TREATMENT AND MANAGEMENT OF CHRONIC PAIN IN THE
21 HOSPITAL-BASED AND NON-HOSPITAL-BASED SETTINGS.

22 (B) GRANTS UNDER THIS SUBDIVISION FOR GRADUATE MEDICAL EDUCATION AND
23 EDUCATION IN CHRONIC PAIN TREATMENT AND MANAGEMENT MAY BE USED FOR
24 ADMINISTRATION, FACULTY RECRUITMENT AND DEVELOPMENT; START-UP COSTS AND
25 COSTS INCURRED TEACHING THE MOST ADVANCED STRATEGIES, THERAPIES, MEDICA-
26 TIONS OR BEST PRACTICES WITH REGARD TO THE CARE OF PATIENTS WITH CHRONIC
27 PAIN IN EITHER HOSPITAL-BASED OR NON-HOSPITAL BASED SETTINGS INCLUDING,
28 BUT NOT LIMITED TO PERSONNEL, ADMINISTRATION AND TRAINEE RELATED
29 EXPENSES; AND OTHER EXPENSES DEEMED REASONABLE AND NECESSARY BY THE
30 COMMISSIONER.

31 (C) GRANTS UNDER THIS SUBDIVISION SHALL BE AWARDED BY THE COMMISSIONER
32 THROUGH A COMPETITIVE APPLICATION PROCESS TO THE COUNCIL. THE COUNCIL
33 SHALL MAKE RECOMMENDATIONS FOR FUNDING TO THE COMMISSIONER.

34 6. CHRONIC PAIN HEALTH CARE PROFESSIONAL PRACTITIONER RESOURCE
35 CENTERS. THE COMMISSIONER, IN CONSULTATION WITH THE COUNCIL, MAY DESIG-
36 NATE A CHRONIC PAIN TREATMENT AND MANAGEMENT PRACTITIONER RESOURCE
37 CENTER OR CENTERS. SUCH RESOURCE CENTER MAY BE STATEWIDE OR REGIONAL,
38 AND SHALL ACT AS A SOURCE OF TECHNICAL SUPPORT, INFORMATION AND GUIDANCE
39 FOR PRACTITIONERS ON THE LATEST STRATEGIES, THERAPIES, MEDICATIONS OR
40 BEST PRACTICES WITH REGARD TO THE OPTIMUM TREATMENT AND MANAGEMENT OF
41 CHRONIC PAIN. THE DEPARTMENT, IN CONSULTATION WITH THE COUNCIL, MAY
42 CONTRACT WITH NOT-FOR-PROFIT ORGANIZATIONS OR ASSOCIATIONS TO ESTABLISH
43 AND MANAGE SUCH RESOURCE CENTERS. SUCH RESOURCE CENTER MAY CHARGE A FEE
44 TO HELP OFFSET THE COST OF PROVIDING SUCH SERVICES.

45 7. CONTINUING EDUCATION REQUIREMENTS FOR HEALTH CARE PROFESSIONALS.
46 THE COUNCIL, IN CONSULTATION WITH THE DEPARTMENT, THE EDUCATION DEPART-
47 MENT AND HEALTH CARE PROFESSIONAL ORGANIZATIONS; SHALL DEVELOP, COMPILE
48 AND PUBLISH INFORMATION AND COURSE MATERIALS ON THE ADVANCED TREATMENT
49 AND MITIGATION OF CHRONIC PAIN SUFFERED BY PATIENTS. IN ADDITION WITHIN
50 TWO YEARS OF THE EFFECTIVE DATE OF THIS ARTICLE, THE COUNCIL SHALL MAKE
51 RECOMMENDATIONS TO THE EDUCATION DEPARTMENT FOR THE COURSE WORK, TRAIN-
52 ING AND CURRICULUM TO BE INCLUDED IN THE CONTINUING EDUCATION ON THE
53 BEST PRACTICES, STRATEGIES, THERAPIES AND APPROACHES FOR THE MITIGATION
54 AND TREATMENT OF CHRONIC PAIN REQUIRED TO BE COMPLETED BY THE VARIOUS
55 HEALTH CARE PROFESSIONS PURSUANT TO PARAGRAPH D OF SUBDIVISION TWO OF
56 SECTION SIXTY-FIVE HUNDRED SEVEN OF THE EDUCATION LAW. SUCH RECOMMENDA-

1 TIONS SHALL INCLUDE COMPONENTS WHICH ADDRESS THE INCREASING AND NECES-
2 SARY INTERDISCIPLINARY COOPERATION BETWEEN HEALTH CARE PROFESSIONALS FOR
3 THE COORDINATED REDUCTION OF CHRONIC PAIN IN PATIENTS AND THE REDUCTION
4 OF HEALTH CARE COSTS.

5 8. REPORT. ON OR BEFORE MARCH FIRST OF EACH ODD NUMBERED YEAR, THE
6 COUNCIL SHALL SUBMIT TO THE GOVERNOR, THE COMMISSIONER, THE COMMISSIONER
7 OF EDUCATION, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE
8 ASSEMBLY, AND THE CHAIRS OF THE SENATE AND ASSEMBLY COMMITTEES ON HEALTH
9 A REPORT ON ITS ACTIVITIES AND ACCOMPLISHMENTS RELATING TO THE TREATMENT
10 AND MITIGATION OF CHRONIC PAIN. SUCH REPORT MAY ALSO INCLUDE SUCH LEGIS-
11 LATIVE PROPOSALS AS IT DEEMS NECESSARY TO MORE EFFECTIVELY IMPLEMENT THE
12 PROVISIONS OF THIS ARTICLE.

13 S 3. Paragraphs b and c of subdivision 3 of section 6507 of the educa-
14 tion law, as added by chapter 987 of the laws of 1971, are amended and a
15 new paragraph d is added to read as follows:

16 b. Review qualifications in connection with licensing requirements;
17 [and]

18 c. Provide for licensing examinations and reexaminations[.]; AND

19 D. (I) ESTABLISH STANDARDS FOR PREPROFESSIONAL AND PROFESSIONAL EDUCA-
20 TION FOR HEALTH CARE PROFESSIONALS, AS DEFINED IN PARAGRAPH (F) OF
21 SUBDIVISION ONE OF SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-K OF THE
22 PUBLIC HEALTH LAW, RELATING TO THE MITIGATION AND TREATMENT OF CHRONIC
23 PAIN. IN THE PROMULGATION OF SUCH STANDARDS, THE DEPARTMENT AND THE
24 APPROPRIATE BOARD OF EACH SUCH PROFESSION SHALL CONSIDER AND, TO THE
25 EXTENT PRACTICABLE, IMPLEMENT THE RECOMMENDATIONS OF THE STATE CHRONIC
26 PAIN MANAGEMENT EDUCATION AND TRAINING COUNCIL. FURTHERMORE, SUCH STAND-
27 ARDS SHALL PROVIDE FOR SUCH TRAINING AND COURSEWORK ON THE ADVANCED
28 TREATMENT AND MITIGATION OF CHRONIC PAIN AS SHALL BE APPROPRIATE FOR THE
29 HEALTH CARE PROFESSION, AND SHALL ADDRESS THE INCREASING AND NECESSARY
30 INTERDISCIPLINARY COOPERATION BETWEEN HEALTH CARE PROFESSIONALS FOR THE
31 COORDINATED REDUCTION OF CHRONIC PAIN IN PATIENTS AND THE REDUCTION OF
32 HEALTH CARE COSTS.

33 (II) THE COMMISSIONER SHALL ESTABLISH STANDARDS REQUIRING THAT ALL
34 HEALTH CARE PROFESSIONALS APPLYING, ON OR AFTER JANUARY FIRST, TWO THOU-
35 SAND FOURTEEN, INITIALLY OR FOR A RENEWAL OF A LICENSE, REGISTRATION OR
36 CERTIFICATE PURSUANT TO THIS TITLE, SHALL, IN ADDITION TO ALL OTHER
37 LICENSURE, REGISTRATION OR CERTIFICATION REQUIREMENTS, HAVE COMPLETED
38 SUCH COURSEWORK AND TRAINING IN THE TREATMENT AND MITIGATION OF CHRONIC
39 PAIN AS SHALL BE REQUIRED PURSUANT TO SUBPARAGRAPH (I) OF THIS PARA-
40 GRAPH. THE COURSEWORK AND TRAINING SHALL BE OBTAINED FROM AN INSTITUTION
41 OR PROVIDER THAT HAS BEEN APPROVED BY THE DEPARTMENT TO PROVIDE SUCH
42 COURSEWORK AND TRAINING. EACH APPLICANT SHALL PROVIDE THE DEPARTMENT
43 WITH DOCUMENTATION SHOWING HE OR SHE HAS COMPLETED THE REQUIRED TRAIN-
44 ING.

45 (III) THE DEPARTMENT SHALL PROVIDE AN EXEMPTION FROM THE REQUIREMENTS
46 OF SUBPARAGRAPHS (I) AND (II) OF THIS PARAGRAPH TO ANY HEALTH CARE
47 PROFESSIONAL WHO REQUESTS SUCH AN EXEMPTION AND WHO DEMONSTRATES TO THE
48 DEPARTMENT'S SATISFACTION THAT:

49 (A) THERE WOULD BE NO NEED FOR HIM OR HER TO COMPLETE SUCH COURSEWORK
50 AND TRAINING BECAUSE OF THE NATURE OF HIS OR HER PRACTICE; OR

51 (B) HE OR SHE HAS COMPLETED COURSEWORK AND TRAINING DEEMED BY THE
52 DEPARTMENT TO BE EQUIVALENT TO THE STANDARDS FOR COURSEWORK AND TRAINING
53 APPROVED BY THE DEPARTMENT UNDER THIS PARAGRAPH.

54 S 4. Subdivision 7 of section 2807-s of the public health law is
55 amended by adding a new paragraph (d) to read as follows:

1 (D) NOTWITHSTANDING ANY INCONSISTENT PROVISION OF THIS SECTION, PRIOR
2 TO THE ALLOCATION OF FUNDS FOR DISTRIBUTION IN ACCORDANCE WITH SECTION
3 TWENTY-EIGHT HUNDRED SEVEN-J OF THIS ARTICLE PURSUANT TO PARAGRAPHS (B)
4 AND (C) OF THIS SUBDIVISION, THE COMMISSIONER ON AN ANNUALIZED BASIS UP
5 TO TWO MILLION FIVE HUNDRED THOUSAND DOLLARS FOR GRANTS FOR UNDERGRADU-
6 ATE MEDICAL EDUCATION IN CHRONIC PAIN TREATMENT AND MANAGEMENT PURSUANT
7 TO SUBDIVISION FOUR OF SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-K OF
8 THIS CHAPTER; AND UP TO TWO MILLION FIVE HUNDRED THOUSAND DOLLARS FOR
9 GRANTS FOR GRADUATE MEDICAL EDUCATION IN CHRONIC PAIN TREATMENT AND
10 MANAGEMENT PURSUANT TO SUBDIVISION FIVE OF SECTION TWENTY-EIGHT HUNDRED
11 NINETY-NINE-K OF THIS CHAPTER.

12 S 5. This act shall take effect immediately provided that the amend-
13 ments to subdivision 7 of section 2807-s of the public health law made
14 by section four of this act shall not affect the expiration of such
15 section and shall expire therewith.