

6795

I N S E N A T E

March 22, 2012

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

AN ACT to amend the public health law, the education law and the labor law, in relation to prohibiting participation in torture and improper treatment of prisoners by health care professionals

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

1 Section 1. Legislative policy and intent. This legislation is based
2 on, and is intended to give effect to, international treaties and stand-
3 ards; federal, state and local law; and professional standards relating
4 to torture, improper treatment of prisoners, and related matters. It is
5 guided by two basic principles: (1) health care professionals shall be
6 dedicated to providing the highest standard of health care, with
7 compassion and respect for human dignity and rights; and (2) torture and
8 improper treatment of prisoners are wrong and inconsistent with the
9 practice of the health care professions. The legislature finds that the
10 conduct prohibited by this act violates the ethical and legal obli-
11 gations of licensed health care professionals. This legislation will
12 further protect the professionalism of New York state licensed health
13 care professionals by authorizing and obligating them to refuse to
14 participate in torture and improper treatment of prisoners, which in
15 turn will protect the life and health of the people of the state and
16 those with whom New York licensed health care professionals interact. A
17 health care professional who comes to the aid of a prisoner should not
18 be presumed to be in violation when she or he is fulfilling the ethical
19 principle of beneficence. In contrast, a health care professional who,
20 for example, attends to a prisoner in order to allow torture or improper
21 treatment to commence or continue is not acting beneficently. Such
22 practices are inconsistent with professional ethics and standards and
23 are violations of this legislation. The legislature is mindful that
24 ordinarily there are limits on New York state's jurisdiction relating to
25 conduct outside the state or under federal authority. However, it is
26 proper for the state to regulate health care professional licensure in
27 relation to a professional's conduct, even where the conduct occurs

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

LBD05380-05-2

1 outside the state; certain wrongful out-of-state conduct is already
2 grounds for professional discipline. Therefore, it is the legislature's
3 intent that this legislation be applied to the fullest extent possible.

4 S 2. The public health law is amended by adding a new section 23 to
5 read as follows:

6 S 23. PARTICIPATION IN TORTURE OR IMPROPER TREATMENT OF PRISONERS BY
7 HEALTH CARE PROFESSIONALS. 1. DEFINITIONS. AS USED IN THIS SECTION, THE
8 TERMS "TORTURE" AND "IMPROPER TREATMENT" SHALL BE INTERPRETED IN ACCORD-
9 ANCE WITH APPLICABLE LAW, INCLUDING INTERNATIONAL TREATIES TO WHICH THE
10 UNITED STATES IS A PARTY. HOWEVER, FOR THE PURPOSES OF THIS SECTION, IT
11 SHALL NOT BE AN ELEMENT OF EITHER "TORTURE" OR "IMPROPER TREATMENT" THAT
12 SUCH ACTS BE COMMITTED BY A GOVERNMENT OR NON-GOVERNMENT ACTOR, ENTITY,
13 OR OFFICIAL; UNDER COLOR OF LAW; OR NOT UNDER COLOR OF LAW. AS USED IN
14 THIS SECTION, UNLESS THE CONTEXT CLEARLY REQUIRES OTHERWISE, THE FOLLOW-
15 ING TERMS HAVE THE FOLLOWING MEANINGS:

16 (A) "HEALTH CARE PROFESSIONAL" MEANS ANY PERSON LICENSED, REGISTERED,
17 CERTIFIED, OR EXEMPT TO PRACTICE UNDER (I) ANY OF THE FOLLOWING ARTICLES
18 OF THE EDUCATION LAW: ONE HUNDRED THIRTY-ONE (MEDICINE), ONE HUNDRED
19 THIRTY-ONE-B (PHYSICIAN ASSISTANTS AND SPECIALIST ASSISTANTS), ONE
20 HUNDRED THIRTY-TWO (CHIROPRACTIC), ONE HUNDRED THIRTY-THREE (DENTISTRY
21 AND DENTAL HYGIENE), ONE HUNDRED THIRTY-SIX (PHYSICAL THERAPY AND PHYS-
22 ICAL THERAPIST ASSISTANTS), ONE HUNDRED THIRTY-SEVEN (PHARMACY), ONE
23 HUNDRED THIRTY-NINE (NURSING), ONE HUNDRED FORTY (PROFESSIONAL MIDWIFERY
24 PRACTICE ACT), ONE HUNDRED FORTY-ONE (PODIATRY), ONE HUNDRED FORTY-THREE
25 (OPTOMETRY), ONE HUNDRED FORTY-FOUR (OPHTHALMIC DISPENSING), ONE HUNDRED
26 FIFTY-THREE (PSYCHOLOGY), ONE HUNDRED FIFTY-FOUR (SOCIAL WORK), ONE
27 HUNDRED FIFTY-FIVE (MASSAGE THERAPY), ONE HUNDRED FIFTY-SIX (OCCUPA-
28 TIONAL THERAPY), ONE HUNDRED FIFTY-SEVEN (DIETETICS AND NUTRITION), ONE
29 HUNDRED FIFTY-NINE (SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS), ONE
30 HUNDRED SIXTY (ACUPUNCTURE), ONE HUNDRED SIXTY-THREE (MENTAL HEALTH
31 PRACTITIONERS), ONE HUNDRED SIXTY-FOUR (RESPIRATORY THERAPISTS AND
32 RESPIRATORY THERAPY TECHNICIANS), ONE HUNDRED SIXTY-FIVE (CLINICAL LABO-
33 RATORY TECHNOLOGY PRACTICE ACT), OR ONE HUNDRED SIXTY-SIX (MEDICAL PHYS-
34 ICS PRACTICE), OR (II) ARTICLE THIRTY-FIVE OF THIS CHAPTER (PRACTICE OF
35 RADIOLOGIC TECHNOLOGY).

36 (B) "TORTURE" MEANS ANY INTENTIONAL ACT OR INTENTIONAL OMISSION BY
37 WHICH SEVERE PAIN OR SUFFERING, WHETHER PHYSICAL OR MENTAL, IS INFLICTED
38 ON A PERSON FOR SUCH PURPOSES AS OBTAINING FROM THE PERSON OR FROM A
39 THIRD PERSON INFORMATION OR A CONFESSION, PUNISHING THE PERSON FOR AN
40 ACT THE PERSON OR A THIRD PERSON HAS COMMITTED (INCLUDING THE HOLDING OF
41 A BELIEF OR MEMBERSHIP IN ANY GROUP) OR IS SUSPECTED OF HAVING COMMIT-
42 TED, OR INTIMIDATING OR COERCING THE PERSON OR A THIRD PERSON, OR FOR
43 ANY REASON BASED ON DISCRIMINATION OF ANY KIND. IT DOES NOT INCLUDE
44 PAIN OR SUFFERING ARISING ONLY FROM, INHERENT IN OR INCIDENTAL TO LAWFUL
45 SANCTION.

46 (C) "IMPROPER TREATMENT" MEANS (I) CRUEL, INHUMAN OR DEGRADING, TREAT-
47 MENT OR PUNISHMENT AS DEFINED BY APPLICABLE INTERNATIONAL TREATIES AND
48 THEIR CORRESPONDING INTERPRETING BODIES; OR CRUEL AND UNUSUAL PUNISHMENT
49 AS DEFINED IN THE UNITED STATES CONSTITUTION OR THE NEW YORK STATE
50 CONSTITUTION; OR (II) ANY VIOLATION OF SUBDIVISION THREE OR FOUR OF THIS
51 SECTION.

52 (D) "PRISONER" MEANS ANY PERSON WHO IS SUBJECT TO PUNISHMENT,
53 DETENTION, INCARCERATION, INTERROGATION, INTIMIDATION OR COERCION,
54 REGARDLESS OF WHETHER SUCH ACTION IS PERFORMED OR COMMITTED BY A GOVERN-
55 MENT OR NON-GOVERNMENT ACTOR, ENTITY, OR OFFICIAL; UNDER COLOR OF LAW;
56 OR NOT UNDER COLOR OF LAW.

(E) TO "ADVERSELY AFFECT" A PERSON'S PHYSICAL OR MENTAL HEALTH OR CONDITION DOES NOT INCLUDE CAUSING ADVERSE EFFECTS THAT MAY ARISE FROM TREATMENT OR CARE WHEN THAT TREATMENT OR CARE IS PERFORMED IN ACCORDANCE WITH GENERALLY APPLICABLE LEGAL, HEALTH AND PROFESSIONAL STANDARDS AND FOR THE PURPOSES OF EVALUATING, TREATING, PROTECTING OR IMPROVING THE PERSON'S HEALTH.

(F) "INTERROGATION" MEANS THE QUESTIONING RELATED TO LAW ENFORCEMENT, THE ENFORCEMENT OF RULES OR REGULATIONS OF AN INSTITUTION IN WHICH PEOPLE ARE DETAINED THROUGH THE CRIMINAL JUSTICE SYSTEM OR FOR MILITARY OR NATIONAL SECURITY REASONS (SUCH AS A JAIL OR OTHER DETENTION FACILITY, POLICE FACILITY, PRISON, IMMIGRATION FACILITY, OR MILITARY FACILITY) OR TO MILITARY AND NATIONAL SECURITY INTELLIGENCE GATHERING, WHETHER BY A GOVERNMENT OR NON-GOVERNMENT ACTOR, ENTITY OR OFFICIAL. "INTERROGATION" SHALL ALSO INCLUDE QUESTIONING TO AID OR ACCOMPLISH ANY ILLEGAL ACTIVITY OR PURPOSE, WHETHER BY A GOVERNMENT OR NON-GOVERNMENT ACTOR, ENTITY OR OFFICIAL. INTERROGATIONS ARE DISTINCT FROM QUESTIONING USED BY HEALTH CARE PROFESSIONALS TO ASSESS THE PHYSICAL OR MENTAL CONDITION OF AN INDIVIDUAL.

2. KNOWLEDGE. IT SHALL BE AN ELEMENT OF ANY VIOLATION OF THIS SECTION THAT THE ACTOR KNEW OR REASONABLY SHOULD HAVE KNOWN THAT HIS OR HER CONDUCT IS OF THE KIND PROHIBITED UNDER THIS SECTION. A HEALTH CARE PROFESSIONAL WHO RECEIVES INFORMATION THAT INDICATES THAT A PRISONER AS DEFINED BY THIS SECTION IS BEING, MAY IN THE FUTURE BE, OR HAS BEEN SUBJECTED TO TORTURE OR IMPROPER TREATMENT, MUST USE DUE DILIGENCE, IN ORDER TO ASSESS THE NATURE OF HIS OR HER CONDUCT AS COVERED BY THIS SECTION.

3. GENERAL OBLIGATIONS OF HEALTH CARE PROFESSIONALS. (A) EVERY HEALTH CARE PROFESSIONAL SHALL PROVIDE EVERY PRISONER UNDER HIS OR HER PROFESSIONAL CARE WITH CARE OR TREATMENT CONSISTENT WITH GENERALLY APPLICABLE LEGAL, HEALTH AND PROFESSIONAL STANDARDS TO THE EXTENT THAT HE OR SHE IS REASONABLY ABLE TO DO SO UNDER THE CIRCUMSTANCES, INCLUDING PROTECTING THE CONFIDENTIALITY OF PATIENT INFORMATION.

(B) IN ALL CLINICAL ASSESSMENTS RELATING TO A PRISONER, WHETHER FOR THERAPEUTIC OR EVALUATIVE PURPOSES, HEALTH CARE PROFESSIONALS SHALL EXERCISE THEIR PROFESSIONAL JUDGMENT INDEPENDENT OF THE INTERESTS OF A GOVERNMENT OR OTHER THIRD PARTY.

4. CERTAIN CONDUCT OF HEALTH CARE PROFESSIONALS PROHIBITED. (A) NO HEALTH CARE PROFESSIONAL SHALL APPLY HIS OR HER KNOWLEDGE OR SKILLS IN RELATION TO, ENGAGE IN ANY PROFESSIONAL RELATIONSHIP WITH, OR PERFORM PROFESSIONAL SERVICES IN RELATION TO ANY PRISONER UNLESS THE PURPOSE IS SOLELY TO EVALUATE, TREAT, PROTECT, OR IMPROVE THE PHYSICAL OR MENTAL HEALTH OR CONDITION OF THE PRISONER (EXCEPT AS PERMITTED BY PARAGRAPH (B) OR (C) OF SUBDIVISION FIVE OF THIS SECTION).

(B) NO HEALTH CARE PROFESSIONAL SHALL ENGAGE, DIRECTLY OR INDIRECTLY, IN ANY ACT WHICH CONSTITUTES PARTICIPATION IN, COMPLICITY IN, INCITEMENT TO, ASSISTANCE IN, PLANNING OR DESIGN OF, OR ATTEMPT OR CONSPIRACY TO COMMIT TORTURE OR IMPROPER TREATMENT OF A PRISONER. PROHIBITED FORMS OF ENGAGEMENT INCLUDE BUT ARE NOT LIMITED TO:

(I) PROVIDING MEANS, KNOWLEDGE OR SKILLS, INCLUDING CLINICAL FINDINGS OR TREATMENT, WITH THE INTENT TO FACILITATE THE PRACTICE OF TORTURE OR IMPROPER TREATMENT;

(II) PERMITTING HIS OR HER KNOWLEDGE, SKILLS OR CLINICAL FINDINGS OR TREATMENT TO BE USED IN THE PROCESS OF OR TO FACILITATE TORTURE OR IMPROPER TREATMENT;

(III) EXAMINING, EVALUATING, OR TREATING A PRISONER TO CERTIFY WHETHER TORTURE OR IMPROPER TREATMENT CAN BEGIN, BE CONTINUED, OR BE RESUMED;

1 (IV) BEING PRESENT WHILE TORTURE OR IMPROPER TREATMENT IS BEING ADMIN-
2 ISTERED;

3 (V) OMITTING OR SUPPRESSING INDICATIONS OF TORTURE OR IMPROPER TREAT-
4 MENT FROM RECORDS OR REPORTS; AND

5 (VI) ALTERING HEALTH CARE RECORDS OR REPORTS TO HIDE, MISREPRESENT OR
6 DESTROY EVIDENCE OF TORTURE OR IMPROPER TREATMENT.

7 (C) NO HEALTH CARE PROFESSIONAL SHALL APPLY HIS OR HER KNOWLEDGE OR
8 SKILLS OR PERFORM ANY PROFESSIONAL SERVICE IN ORDER TO ASSIST IN THE
9 PUNISHMENT, DETENTION, INCARCERATION, INTIMIDATION, OR COERCION OF A
10 PRISONER WHEN SUCH ASSISTANCE IS PROVIDED IN A MANNER THAT MAY ADVERSELY
11 AFFECT THE PHYSICAL OR MENTAL HEALTH OR CONDITION OF THE PRISONER
12 (EXCEPT AS PERMITTED BY PARAGRAPH (A) OR (B) OF SUBDIVISION FIVE OF THIS
13 SECTION).

14 (D) NO HEALTH CARE PROFESSIONAL SHALL PARTICIPATE IN THE INTERROGATION
15 OF A PRISONER, INCLUDING BEING PRESENT IN THE INTERROGATION ROOM, ASKING
16 OR SUGGESTING QUESTIONS, ADVISING ON THE USE OF SPECIFIC INTERROGATION
17 TECHNIQUES, MONITORING THE INTERROGATION, OR MEDICALLY OR PSYCHOLOGICAL-
18 LY EVALUATING A PERSON FOR THE PURPOSE OF IDENTIFYING POTENTIAL INTERRO-
19 GATION METHODS OR STRATEGIES. HOWEVER, THIS PARAGRAPH SHALL NOT BAR A
20 HEALTH CARE PROFESSIONAL FROM ENGAGING IN CONDUCT UNDER PARAGRAPH (D) OF
21 SUBDIVISION FIVE OF THIS SECTION.

22 5. CERTAIN CONDUCT OF HEALTH CARE PROFESSIONALS PERMITTED. A HEALTH
23 CARE PROFESSIONAL MAY ENGAGE IN THE FOLLOWING CONDUCT SO LONG AS IT DOES
24 NOT VIOLATE SUBDIVISION THREE OR FOUR OF THIS SECTION, IT DOES NOT
25 ADVERSELY AFFECT THE PHYSICAL OR MENTAL HEALTH OR CONDITION OF A PRISON-
26 ER OR POTENTIAL SUBJECT, AND IS NOT OTHERWISE UNLAWFUL:

27 (A) APPROPRIATELY PARTICIPATING OR AIDING IN THE INVESTIGATION, PROSE-
28 CUTION, OR DEFENSE OF A CRIMINAL, ADMINISTRATIVE OR CIVIL MATTER;

29 (B) PARTICIPATING IN AN ACT THAT RESTRAINS A PRISONER OR TEMPORARILY
30 ALTERS THE PHYSICAL OR MENTAL ACTIVITY OF A PRISONER, WHERE THE ACT
31 COMPLIES WITH GENERALLY APPLICABLE LEGAL, HEALTH AND PROFESSIONAL STAND-
32 ARDS, IS NECESSARY FOR THE PROTECTION OF THE PHYSICAL OR MENTAL HEALTH,
33 CONDITION OR SAFETY OF THE PRISONER, OTHER PRISONERS, OR PERSONS CARING
34 FOR, GUARDING OR CONFINING THE PRISONER;

35 (C) CONDUCTING BONA FIDE HUMAN SUBJECT RESEARCH IN ACCORDANCE WITH
36 GENERALLY ACCEPTED LEGAL, HEALTH AND PROFESSIONAL STANDARDS WHERE THE
37 RESEARCH INCLUDES SAFEGUARDS FOR HUMAN SUBJECTS EQUIVALENT TO THOSE
38 REQUIRED BY FEDERAL LAW, INCLUDING INFORMED CONSENT AND INSTITUTIONAL
39 REVIEW BOARD APPROVAL WHERE APPLICABLE;

40 (D) TRAINING RELATED TO THE FOLLOWING PURPOSES, SO LONG AS IT IS NOT
41 PROVIDED IN SUPPORT OF SPECIFIC ONGOING OR ANTICIPATED INTERROGATIONS:

42 (I) RECOGNIZING AND RESPONDING TO PERSONS WITH PHYSICAL OR MENTAL
43 ILLNESS OR CONDITIONS,

44 (II) THE POSSIBLE PHYSICAL AND MENTAL EFFECTS OF PARTICULAR TECHNIQUES
45 AND CONDITIONS OF INTERROGATION, OR

46 (III) THE DEVELOPMENT OF EFFECTIVE INTERROGATION STRATEGIES NOT
47 INVOLVING THE PRACTICE OF TORTURE OR IMPROPER TREATMENT.

48 6. DUTY TO REPORT. A HEALTH CARE PROFESSIONAL WHO HAS REASONABLE
49 GROUNDS (NOT BASED SOLELY ON PUBLICLY AVAILABLE INFORMATION) TO BELIEVE
50 THAT TORTURE, IMPROPER TREATMENT OR OTHER CONDUCT IN VIOLATION OF THIS
51 SECTION HAS OCCURRED, IS OCCURRING, OR WILL OCCUR SHALL, AS SOON AS IS
52 POSSIBLE WITHOUT JEOPARDIZING THE PHYSICAL SAFETY OF HIMSELF OR HERSELF,
53 THE PRISONER, OR OTHER PARTIES, REPORT SUCH CONDUCT TO:

54 (A) A GOVERNMENT AGENCY THAT THE HEALTH CARE PROFESSIONAL REASONABLY
55 BELIEVES HAS LEGAL AUTHORITY TO PUNISH OR PREVENT THE CONTINUATION OF

1 TORTURE OR THE IMPROPER TREATMENT OF A PRISONER OR CONDUCT IN VIOLATION
2 OF THIS SECTION AND IS REASONABLY LIKELY TO ATTEMPT TO DO SO; OR

3 (B) A GOVERNMENTAL OR NON-GOVERNMENTAL ENTITY THAT THE HEALTH CARE
4 PROFESSIONAL REASONABLY BELIEVES WILL NOTIFY SUCH A GOVERNMENT AGENCY OF
5 THE TORTURE OR THE IMPROPER TREATMENT OF A PRISONER OR CONDUCT IN
6 VIOLATION OF THIS SECTION OR TAKE OTHER ACTION TO PUBLICIZE OR PREVENT
7 SUCH TORTURE, TREATMENT OR CONDUCT; AND

8 (C) IN ADDITION TO REPORTING UNDER PARAGRAPH (A) OR (B) OF THIS SUBDI-
9 VISION: (I) IN THE CASE OF AN ALLEGED VIOLATION BY A HEALTH CARE PROFES-
10 SIONAL LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OR ONE HUNDRED
11 THIRTY-ONE-B OF THE EDUCATION LAW, A REPORT SHALL BE FILED WITH THE
12 OFFICE OF PROFESSIONAL MEDICAL CONDUCT; AND (II) IN THE CASE OF AN
13 ALLEGED VIOLATION BY ANY OTHER HEALTH CARE PROFESSIONAL LICENSED, REGIS-
14 TERED OR CERTIFIED UNDER TITLE EIGHT OF THE EDUCATION LAW, A REPORT
15 SHALL BE FILED WITH THE OFFICE OF PROFESSIONAL DISCIPLINE; PROVIDED THAT
16 FOR THE PURPOSE OF THIS PARAGRAPH, WHERE A PERSON HOLDS A LICENSE,
17 REGISTRATION OR CERTIFICATION UNDER THE LAWS OF A JURISDICTION OTHER
18 THAN THE STATE OF NEW YORK THAT IS FOR A PROFESSION SUBSTANTIALLY COMPA-
19 RABLE TO ONE LISTED IN PARAGRAPH (A) OF SUBDIVISION ONE OF THIS SECTION,
20 THE PERSON SHALL BE DEEMED TO BE A HEALTH CARE PROFESSIONAL AND THE
21 PERSON'S LICENSE, REGISTRATION OR CERTIFICATION SHALL BE DEEMED TO BE
22 UNDER THE APPROPRIATE ARTICLE OF TITLE EIGHT OF THE EDUCATION LAW.

23 7. MITIGATION. THE FOLLOWING MAY BE CONSIDERED IN FULL OR PARTIAL
24 MITIGATION OF A VIOLATION OF THIS SECTION BY THE HEALTH CARE PROFES-
25 SIONAL:

26 (A) COMPLIANCE WITH SUBDIVISION SIX OF THIS SECTION; OR

27 (B) COOPERATION IN GOOD FAITH WITH AN INVESTIGATION OF A VIOLATION OF
28 THIS SECTION.

29 8. APPLICABILITY. THIS SECTION SHALL APPLY TO CONDUCT TAKING PLACE
30 WITHIN OR OUTSIDE NEW YORK STATE, AND WITHOUT REGARD TO WHETHER THE
31 CONDUCT IS COMMITTED BY A GOVERNMENTAL OR NON-GOVERNMENTAL ENTITY, OFFI-
32 CIAL, OR ACTOR OR UNDER ACTUAL OR ASSERTED COLOR OF LAW.

33 9. SCOPE OF PRACTICE NOT EXPANDED. THIS SECTION SHALL NOT BE CONSTRUED
34 TO EXPAND THE LAWFUL SCOPE OF PRACTICE OF ANY HEALTH CARE PROFESSIONAL.

35 S 3. Section 6509 of the education law is amended by adding a new
36 subdivision 15 to read as follows:

37 (15) ANY VIOLATION OF SECTION TWENTY-THREE OF THE PUBLIC HEALTH LAW
38 (RELATING TO PARTICIPATION IN TORTURE OR IMPROPER TREATMENT OF PRISONERS
39 BY HEALTH CARE PROFESSIONALS), SUBJECT TO MITIGATION UNDER THAT SECTION.

40 S 4. Section 6530 of the education law is amended by adding a new
41 subdivision 50 to read as follows:

42 50. ANY VIOLATION OF SECTION TWENTY-THREE OF THE PUBLIC HEALTH LAW
43 (RELATING TO PARTICIPATION IN TORTURE OR IMPROPER TREATMENT OF PRISONERS
44 BY HEALTH CARE PROFESSIONALS), SUBJECT TO MITIGATION UNDER THAT SECTION.

45 S 5. Paragraphs (b) and (c) of subdivision 2 of section 740 of the
46 labor law, as added by chapter 660 of the laws of 1984, are amended and
47 a new paragraph (d) is added to read as follows:

48 (b) provides information to, or testifies before, any public body
49 conducting an investigation, hearing or inquiry into any such violation
50 of a law, rule or regulation by such employer; [or]

51 (c) objects to, or refuses to participate in any such activity, policy
52 or practice in violation of a law, rule or regulation[.]; OR

53 (D) REPORTS OR THREATENS TO REPORT ANY VIOLATION OF SECTION
54 TWENTY-THREE OF THE PUBLIC HEALTH LAW (RELATING TO PARTICIPATION IN
55 TORTURE OR IMPROPER TREATMENT OF PRISONERS BY HEALTH CARE PROFES-
56 SIONALS).

1 S 6. Subdivision 3 of section 740 of the labor law, as added by chap-
2 ter 660 of the laws of 1984, is amended to read as follows:

3 3. Application. The protection against retaliatory personnel action
4 provided by paragraph (a) of subdivision two of this section pertaining
5 to disclosure to a public body shall not apply to an employee who makes
6 such disclosure to a public body unless the employee has brought the
7 activity, policy or practice in violation of law, rule or regulation to
8 the attention of a supervisor of the employer and has afforded such
9 employer a reasonable opportunity to correct such activity, policy or
10 practice. HOWEVER, THIS SUBDIVISION SHALL NOT APPLY TO ANY REPORT OF A
11 VIOLATION UNDER SECTION TWENTY-THREE OF THE PUBLIC HEALTH LAW (PARTIC-
12 IPATION IN TORTURE OR IMPROPER TREATMENT OF PRISONERS BY HEALTH CARE
13 PROFESSIONALS).

14 S 7. Paragraphs (a) and (b) of subdivision 2 of section 741 of the
15 labor law, as added by chapter 24 of the laws of 2002, are amended and a
16 new paragraph (c) is added to read as follows:

17 (a) discloses or threatens to disclose to a supervisor, or to a public
18 body an activity, policy or practice of the employer or agent that the
19 employee, in good faith, reasonably believes constitutes improper quality
20 ty of patient care; [or]

21 (b) objects to, or refuses to participate in any activity, policy or
22 practice of the employer or agent that the employee, in good faith,
23 reasonably believes constitutes improper quality of patient care[.]; OR

24 (C) REPORTS OR THREATENS TO REPORT ANY VIOLATION OF SECTION
25 TWENTY-THREE OF THE PUBLIC HEALTH LAW (PARTICIPATION IN TORTURE OR
26 IMPROPER TREATMENT OF PRISONERS BY HEALTH CARE PROFESSIONALS).

27 S 8. Subdivision 3 of section 741 of the labor law, as added by chap-
28 ter 24 of the laws of 2002, is amended to read as follows:

29 3. Application. The protection against retaliatory personnel action
30 provided by subdivision two of this section shall not apply unless the
31 employee has brought the improper quality of patient care to the atten-
32 tion of a supervisor and has afforded the employer a reasonable opportu-
33 nity to correct such activity, policy or practice. This subdivision
34 shall not apply to an action or failure to act described in paragraph
35 (a) of subdivision two of this section where the improper quality of
36 patient care described therein presents an imminent threat to public
37 health or safety or to the health of a specific patient and the employee
38 reasonably believes in good faith that reporting to a supervisor would
39 not result in corrective action. HOWEVER, THIS SUBDIVISION SHALL NOT
40 APPLY TO ANY REPORT OF A VIOLATION UNDER SECTION TWENTY-THREE OF THE
41 PUBLIC HEALTH LAW (PARTICIPATION IN TORTURE OR IMPROPER TREATMENT OF
42 PRISONERS BY HEALTH CARE PROFESSIONALS).

43 S 9. The introduction or enactment of this act shall not be construed
44 to mean that: (a) conduct described by this act does not already violate
45 state law or constitute professional misconduct; or (b) conduct other
46 than that described by this act does not violate other state law or
47 otherwise constitute professional misconduct.

48 S 10. Severability. If any provision of this act, or any application
49 of any provision of this act, is held to be invalid, that shall not
50 affect the validity or effectiveness of any other provision of this act
51 or any other application of any provision of this act.

52 S 11. This act shall take effect on the first of January next
53 succeeding the date on which it shall have become a law.