

5814--A

2015-2016 Regular Sessions

I N S E N A T E

June 4, 2015

Introduced by Sen. BONACIC -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to patient self-determination at end of life

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

1 Section 1. This act shall be known and may be cited as the "patient  
2 self-determination act".

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

5 ARTICLE 28-F  
6 AID IN DYING

- 7 SECTION 2899-D. DEFINITIONS.  
8 2899-E. WRITTEN REQUEST FOR MEDICATION.  
9 2899-F. WRITTEN REQUEST SIGNED AND WITNESSED.  
10 2899-G. ATTENDING PHYSICIAN RESPONSIBILITIES.  
11 2899-H. COUNSELING REFERRAL.  
12 2899-I. MEDICAL RECORD DOCUMENTATION REQUIREMENTS.  
13 2899-J. RESIDENCY REQUIREMENT.  
14 2899-K. PROTECTION OF HEALTH CARE PROVIDERS AND FACILITIES.  
15 2899-L. RELATION TO OTHER LAWS AND CONTRACTS.  
16 2899-M. SAFE DISPOSAL OF UNUSED MEDICATIONS.  
17 2899-N. DEATH CERTIFICATE.  
18 2899-O. REPORTING.  
19 2899-P. SEVERABILITY.

20 S 2899-D. DEFINITIONS. AS USED IN THIS ARTICLE:

21 1. "ADULT" MEANS AN INDIVIDUAL WHO IS TWENTY-ONE YEARS OF AGE OR  
22 OLDER.

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

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1 2. "ATTENDING PHYSICIAN" MEANS THE PHYSICIAN WHO HAS PRIMARY RESPONSI-  
2 BILITY FOR THE CARE OF THE PATIENT AND TREATMENT OF THE PATIENT'S TERMI-  
3 NAL DISEASE.

4 3. "CAPACITY" MEANS THE ABILITY TO UNDERSTAND AND APPRECIATE THE  
5 NATURE AND CONSEQUENCES OF HEALTH CARE DECISIONS, INCLUDING THE BENEFITS  
6 AND RISKS OF AND ALTERNATIVES TO ANY PROPOSED HEALTH CARE, AND TO REACH  
7 AN INFORMED DECISION AND TO COMMUNICATE HEALTH CARE DECISIONS TO A  
8 PHYSICIAN, INCLUDING COMMUNICATION THROUGH PERSONS FAMILIAR WITH THE  
9 PATIENT'S MANNER OF COMMUNICATING IF THOSE PERSONS ARE AVAILABLE.

10 4. "COUNSELING" MEANS ONE OR MORE CONSULTATIONS AS NECESSARY BETWEEN A  
11 STATE LICENSED PSYCHIATRIST OR PSYCHOLOGIST AND A PATIENT FOR THE  
12 PURPOSE OF DETERMINING THAT THE PATIENT HAS CAPACITY AND IS NOT SUFFER-  
13 ING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING  
14 IMPAIRED JUDGMENT.

15 5. "HEALTH CARE FACILITY" MEANS A GENERAL HOSPITAL, NURSING HOME, OR  
16 RESIDENTIAL HEALTH CARE FACILITY AS DEFINED IN SECTION TWENTY-EIGHT  
17 HUNDRED ONE OF THIS CHAPTER.

18 6. "HEALTH CARE PROVIDER" MEANS A PERSON OR ENTITY LICENSED, CERTI-  
19 FIED, OR AUTHORIZED BY LAW TO ADMINISTER HEALTH CARE OR DISPENSE MEDICA-  
20 TION IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

21 7. "IMPAIRED JUDGMENT" MEANS THAT A PERSON LACKS THE ABILITY TO UNDER-  
22 STAND AND APPRECIATE THE NATURE AND CONSEQUENCES OF HEALTH CARE DECI-  
23 SIONS, INCLUDING THE BENEFITS AND RISKS OF AND ALTERNATIVES TO ANY  
24 PROPOSED HEALTH CARE, AND TO REACH AN INFORMED DECISION.

25 8. "MEDICATION" MEANS MEDICATION CAPABLE OF ENDING AND TO BE USED WITH  
26 THE INTENT OF ENDING THE PATIENT'S LIFE, INCLUDING ANY ANCILLARY MEDICA-  
27 TION INTENDED TO MINIMIZE THE PATIENT'S DISCOMFORT.

28 9. "PALLIATIVE CARE" MEANS HEALTH CARE TREATMENT, INCLUDING INTERDIS-  
29 CIPLINARY END-OF-LIFE CARE, AND CONSULTATION WITH PATIENTS AND FAMILY  
30 MEMBERS, TO PREVENT OR RELIEVE PAIN AND SUFFERING AND TO ENHANCE THE  
31 PATIENT'S QUALITY OF LIFE, INCLUDING HOSPICE CARE UNDER ARTICLE FORTY OF  
32 THIS CHAPTER.

33 10. "PATIENT" MEANS A PERSON WHO IS TWENTY-ONE YEARS OF AGE OR OLDER,  
34 A RESIDENT OF NEW YORK STATE, AND UNDER THE CARE OF A PHYSICIAN.

35 11. "PHYSICIAN" MEANS AN INDIVIDUAL LICENSED TO PRACTICE MEDICINE IN  
36 NEW YORK STATE.

37 12. "TERMINAL ILLNESS OR CONDITION" MEANS AN ILLNESS OR CONDITION  
38 WHICH CAN REASONABLY BE EXPECTED TO CAUSE DEATH WITHIN SIX MONTHS,  
39 WHETHER OR NOT TREATMENT IS PROVIDED.

40 S 2899-E. WRITTEN REQUEST FOR MEDICATION. 1. AN ADULT WHO HAS CAPACI-  
41 TY, IS A RESIDENT OF THIS STATE, AND HAS BEEN DETERMINED BY THE ATTEND-  
42 ING PHYSICIAN AND, IF APPLICABLE, CONSULTING PHYSICIAN TO BE SUFFERING  
43 FROM A TERMINAL ILLNESS OR CONDITION, MAY MAKE A WRITTEN REQUEST FOR AND  
44 CONSENT TO SELF-ADMINISTER MEDICATION FOR THE PURPOSE OF ENDING HIS OR  
45 HER LIFE IN ACCORDANCE WITH THIS ARTICLE.

46 2. NO PERSON SHALL QUALIFY UNDER THIS ARTICLE SOLELY BECAUSE OF AGE OR  
47 DISABILITY.

48 S 2899-F. WRITTEN REQUEST SIGNED AND WITNESSED. 1. A REQUEST FOR MEDI-  
49 CATION UNDER THIS ARTICLE SHALL BE SIGNED AND DATED BY THE PATIENT AND  
50 WITNESSED BY AT LEAST TWO INDIVIDUALS WHO, IN THE PRESENCE OF THE  
51 PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE  
52 PATIENT HAS CAPACITY, IS ACTING VOLUNTARILY, AND IS NOT BEING COERCED TO  
53 SIGN THE REQUEST. THE DEPARTMENT MAY DEVELOP A SUGGESTED FORM FOR A  
54 REQUEST UNDER THIS ARTICLE.

55 2. ONE OF THE WITNESSES SHALL BE A PERSON WHO IS NOT:

56 (A) A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE OR ADOPTION;

1 (B) A PERSON WHO AT THE TIME THE REQUEST IS SIGNED WOULD BE ENTITLED  
2 TO ANY PORTION OF THE ESTATE OF THE PATIENT UPON DEATH UNDER ANY WILL OR  
3 BY OPERATION OF LAW; OR

4 (C) AN OWNER, OPERATOR OR EMPLOYEE OF A HEALTH CARE FACILITY WHERE THE  
5 PATIENT IS RECEIVING TREATMENT OR IS A RESIDENT.

6 3. THE PATIENT'S ATTENDING PHYSICIAN OR, IF APPLICABLE, CONSULTING  
7 PHYSICIAN AT THE TIME THE REQUEST IS SIGNED SHALL NOT BE A WITNESS.

8 S 2899-G. ATTENDING PHYSICIAN RESPONSIBILITIES. 1. THE ATTENDING  
9 PHYSICIAN SHALL:

10 (A) MAKE THE DETERMINATION OF WHETHER A PATIENT HAS A TERMINAL ILLNESS  
11 OR CONDITION, HAS CAPACITY, AND HAS MADE THE REQUEST VOLUNTARILY;

12 (B) REQUEST THAT THE PATIENT DEMONSTRATE NEW YORK STATE RESIDENCY;

13 (C) REFER THE PATIENT FOR COUNSELING, IF APPROPRIATE, UNDER SECTION  
14 TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTICLE;

15 (D) PROVIDE INFORMATION AND COUNSELING UNDER SECTION TWENTY-NINE  
16 HUNDRED NINETY-SEVEN-C OF THIS CHAPTER; AND

17 (E) FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENTS OF SECTION  
18 TWENTY-EIGHT HUNDRED NINETY-NINE-I OF THIS ARTICLE.

19 2. SUBJECT TO SECTION TWENTY-EIGHT HUNDRED NINETY-NINE-H OF THIS ARTI-  
20 CLE, THE ATTENDING PHYSICIAN WHO MAKES THE DETERMINATION THAT THE  
21 PATIENT HAS A TERMINAL ILLNESS OR CONDITION, HAS CAPACITY AND HAS MADE A  
22 REQUEST FOR MEDICATION AS PROVIDED IN SECTION TWENTY-EIGHT HUNDRED NINE-  
23 TY-NINE-E OF THIS ARTICLE, MAY PERSONALLY, OR BY DIRECTION TO ANOTHER  
24 PHYSICIAN, PRESCRIBE, DISPENSE OR ORDER APPROPRIATE MEDICATION IN  
25 ACCORDANCE WITH THE PATIENT'S REQUEST UNDER THIS ARTICLE, AND AT THE  
26 PATIENT'S REQUEST, FACILITATE THE FILLING OF THE PRESCRIPTION AND DELIV-  
27 ERY OF THE MEDICATION TO THE PATIENT.

28 3. IN ACCORDANCE WITH THE DIRECTION OF THE PRESCRIBING, DISPENSING OR  
29 ORDERING PHYSICIAN AND THE CONSENT OF THE PATIENT, THE PATIENT MAY  
30 ADMINISTER THE MEDICATION TO HIMSELF OR HERSELF. A HEALTH CARE PROFES-  
31 SIONAL SHALL NOT ADMINISTER THE MEDICATION TO THE PATIENT BUT, ACTING  
32 WITHIN THE SCOPE OF HIS OR HER LAWFUL PRACTICE, MAY FACILITATE THE  
33 PATIENT IN SELF-ADMINISTERING THE MEDICATION.

34 S 2899-H. COUNSELING REFERRAL. IF IN THE OPINION OF THE ATTENDING  
35 PHYSICIAN A PATIENT MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL  
36 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT, SUCH PHYSICIAN SHALL  
37 REFER THE PATIENT FOR COUNSELING. NO MEDICATION TO END A PATIENT'S LIFE  
38 SHALL BE PRESCRIBED, DISPENSED OR ORDERED UNTIL THE PERSON PERFORMING  
39 THE COUNSELING DETERMINES THAT THE PATIENT IS NOT SUFFERING FROM A  
40 PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING IMPAIRED  
41 JUDGMENT AND HAS CAPACITY.

42 S 2899-I. MEDICAL RECORD DOCUMENTATION REQUIREMENTS. THE FOLLOWING  
43 SHALL BE DOCUMENTED OR FILED IN THE PATIENT'S MEDICAL RECORD:

44 1. ALL ORAL REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER  
45 LIFE;

46 2. ALL WRITTEN REQUESTS BY A PATIENT FOR MEDICATION TO END HIS OR HER  
47 LIFE;

48 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS, AND DETERMI-  
49 NATION WHETHER THE PATIENT HAS CAPACITY AND IS ACTING VOLUNTARILY;

50 4. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING,  
51 IF PERFORMED; AND

52 5. A NOTE BY THE ATTENDING PHYSICIAN INDICATING WHETHER ALL REQUIRE-  
53 MENTS UNDER THIS ARTICLE HAVE BEEN MET AND INDICATING THE STEPS TAKEN TO  
54 CARRY OUT THE REQUEST, INCLUDING A NOTATION OF THE MEDICATION  
55 PRESCRIBED, DISPENSED OR ORDERED.

1 S 2899-J. RESIDENCY REQUIREMENT. ONLY REQUESTS MADE BY NEW YORK STATE  
2 RESIDENTS UNDER THE PROVISIONS OF THIS ARTICLE SHALL BE GRANTED. FACTORS  
3 DEMONSTRATING NEW YORK STATE RESIDENCY SHALL INCLUDE BUT SHALL NOT BE  
4 LIMITED TO:

- 5 1. POSSESSION OF A NEW YORK STATE DRIVER'S LICENSE;
- 6 2. REGISTRATION TO VOTE IN NEW YORK STATE;
- 7 3. EVIDENCE THAT THE PERSON OWNS OR LEASES PROPERTY IN NEW YORK STATE;

8 OR

- 9 4. FILING OF A NEW YORK STATE TAX RETURN FOR THE MOST RECENT TAX YEAR.

10 S 2899-K. PROTECTION OF HEALTH CARE PROVIDERS AND FACILITIES. 1. A  
11 PHYSICIAN, PHARMACIST, OTHER HEALTH CARE PROFESSIONAL OR OTHER PERSON  
12 SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR PROFESSIONAL  
13 DISCIPLINARY ACTION, AND SHALL NOT BE SUBJECT TO DISCIPLINE, SUSPENSION,  
14 LOSS OF LICENSE, LOSS OF PRIVILEGES, OR OTHER PENALTY BY ANY HEALTH CARE  
15 FACILITY OR HEALTH CARE PROVIDER, FOR TAKING ANY REASONABLE GOOD-FAITH  
16 ACTION OR REFUSING TO ACT UNDER THIS ARTICLE, INCLUDING: (A) ENGAGING IN  
17 DISCUSSIONS WITH A PATIENT RELATING TO THE RISKS AND BENEFITS OF  
18 END-OF-LIFE OPTIONS IN THE CIRCUMSTANCES DESCRIBED IN THIS ARTICLE, (B)  
19 BEING PRESENT WHEN A PATIENT SELF-ADMINISTERS MEDICATION, (C) REFRAINING  
20 FROM ACTING TO PREVENT THE PATIENT FROM SELF-ADMINISTERING SUCH MEDICA-  
21 TION, OR (D) REFRAINING FROM ACTING TO RESUSCITATE OR RESCUE THE PATIENT  
22 AFTER HE OR SHE SELF-ADMINISTERS SUCH MEDICATION. HOWEVER, PARAGRAPHS  
23 (C) AND (D) OF THIS SUBDIVISION SHALL NOT APPLY WHERE THERE ARE REASON-  
24 ABLE GROUNDS TO BELIEVE, UNDER THE CIRCUMSTANCES, THAT THE PATIENT HAS  
25 RESCINDED HIS OR HER REQUEST OR CONSENT TO SELF-ADMINISTER MEDICATION  
26 UNDER THIS ARTICLE OR COMMUNICATES A DESIRE THAT THE LETHAL ACTION OF  
27 THE MEDICATION BE REVERSED.

28 2. A PHYSICIAN, NURSE, PHARMACIST, OR OTHER PERSON SHALL NOT BE UNDER  
29 ANY DUTY, BY LAW OR CONTRACT, TO PARTICIPATE IN THE PROVISION OF MEDICA-  
30 TION TO A PATIENT UNDER THIS ARTICLE.

31 3. A PRIVATE HEALTH CARE FACILITY MAY PROHIBIT THE SELF-ADMINISTERING  
32 OF MEDICATION UNDER THE ARTICLE WHILE THE PATIENT IS BEING TREATED OR  
33 RESIDING IN THE HEALTH CARE FACILITY IF:

34 (A) SUCH PRESCRIBING, DISPENSING, ORDERING OR SELF-ADMINISTERING IS  
35 CONTRARY TO A FORMALLY ADOPTED POLICY OF SUCH FACILITY THAT IS EXPRESSLY  
36 BASED ON SINCERELY HELD RELIGIOUS BELIEFS OR SINCERELY HELD MORAL  
37 CONVICTIONS CENTRAL TO THE FACILITY'S OPERATING PRINCIPLES;

38 (B) SUCH FACILITY HAS INFORMED THE PATIENT OF SUCH POLICY PRIOR TO OR  
39 UPON ADMISSION, IF REASONABLY POSSIBLE; AND

40 (C) IF THE PATIENT REQUESTS, THE PATIENT IS TRANSFERRED PROMPTLY TO  
41 ANOTHER HEALTH CARE FACILITY THAT IS REASONABLY ACCESSIBLE UNDER THE  
42 CIRCUMSTANCES AND WILLING TO PERMIT THE PRESCRIBING, DISPENSING, ORDER-  
43 ING AND SELF-ADMINISTERING OF MEDICATION UNDER THIS ARTICLE WITH RESPECT  
44 TO THE PATIENT.

45 4. A HEALTH CARE FACILITY THAT PROHIBITS THE SELF-ADMINISTERING OF  
46 MEDICATION UNDER THIS ARTICLE WHILE THE PATIENT IS BEING TREATED OR  
47 RESIDING IN THE HEALTH CARE FACILITY UNDER THIS SECTION MAY PROHIBIT A  
48 PHYSICIAN FROM PRESCRIBING, DISPENSING OR ORDERING MEDICATION FOR SELF-  
49 ADMINISTERING WHILE THE PATIENT IS BEING TREATED OR RESIDING IN THE  
50 HEALTH CARE FACILITY, PROVIDED THE HEALTH CARE FACILITY HAS NOTIFIED THE  
51 PHYSICIAN IN WRITING OF ITS POLICY TO PROHIBIT SUCH ACTIONS. NOTWITH-  
52 STANDING SUBDIVISION ONE OF THIS SECTION, ANY PERSON WHO VIOLATES A  
53 POLICY ESTABLISHED BY A HEALTH CARE FACILITY UNDER THIS SECTION MAY BE  
54 SUBJECT TO SANCTIONS OTHERWISE ALLOWABLE UNDER LAW, CONTRACT AND FACILI-  
55 TY POLICY.

1 S 2899-L. RELATION TO OTHER LAWS AND CONTRACTS. 1. (A) A PATIENT WHO  
2 SELF-ADMINISTERS MEDICATION UNDER THIS ARTICLE SHALL NOT BE CONSIDERED  
3 TO BE A PERSON WHO IS SUICIDAL, AND SELF-ADMINISTERING MEDICATION UNDER  
4 THIS ARTICLE SHALL NOT BE DEEMED TO BE SUICIDE, FOR ANY PURPOSE.

5 (B) ACTION TAKEN IN ACCORDANCE WITH THIS ARTICLE SHALL NOT BE  
6 CONSTRUED FOR ANY PURPOSE TO CONSTITUTE SUICIDE, ASSISTED SUICIDE,  
7 ATTEMPTED SUICIDE, PROMOTING A SUICIDE ATTEMPT, MERCY KILLING, OR HOMI-  
8 CIDE UNDER THE LAW, INCLUDING AS AN ACCOMPLICE OR ACCESSORY OR OTHER-  
9 WISE.

10 2. A REQUEST BY A PATIENT TO HIS OR HER ATTENDING PHYSICIAN TO PROVIDE  
11 MEDICATION UNDER THIS ARTICLE SHALL NOT, BY ITSELF, PROVIDE THE BASIS  
12 FOR THE APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

13 3. (A) NO PROVISION IN A CONTRACT, WILL OR OTHER AGREEMENT, WHETHER  
14 WRITTEN OR ORAL, TO THE EXTENT THE PROVISION WOULD AFFECT WHETHER A  
15 PERSON MAY MAKE OR RESCIND A REQUEST FOR MEDICATION OR TAKE ANY OTHER  
16 ACTION UNDER THIS ARTICLE, SHALL BE VALID.

17 (B) NO OBLIGATION OWING UNDER ANY CONTRACT SHALL BE CONDITIONED OR  
18 AFFECTED BY THE MAKING OR RESCINDING OF A REQUEST BY A PERSON FOR MEDI-  
19 CATION OR TAKING ANY OTHER ACTION UNDER THIS ARTICLE.

20 4. A PERSON AND HIS OR HER BENEFICIARIES SHALL NOT BE DENIED BENEFITS  
21 UNDER A LIFE INSURANCE POLICY FOR ACTIONS TAKEN IN ACCORDANCE WITH THIS  
22 ARTICLE.

23 5. AN INSURER SHALL NOT PROVIDE ANY INFORMATION IN COMMUNICATIONS MADE  
24 TO A PERSON ABOUT THE AVAILABILITY OF MEDICATION UNDER THIS ARTICLE  
25 ABSENT A REQUEST BY SUCH PERSON OR BY HIS OR HER ATTENDING PHYSICIAN  
26 UPON THE REQUEST OF SUCH PERSON. ANY COMMUNICATION SHALL NOT INCLUDE  
27 BOTH THE DENIAL OF TREATMENT AND INFORMATION AS TO THE AVAILABILITY OF  
28 MEDICATION UNDER THIS ARTICLE.

29 6. THE SALE, PROCUREMENT, OR ISSUE OF ANY PROFESSIONAL MALPRACTICE  
30 INSURANCE POLICY OR THE RATE CHARGED FOR THE POLICY SHALL NOT BE CONDI-  
31 TIONED UPON OR AFFECTED BY WHETHER THE INSURED DOES OR DOES NOT TAKE OR  
32 PARTICIPATE IN ANY ACTION UNDER THIS ARTICLE.

33 S 2899-M. SAFE DISPOSAL OF UNUSED MEDICATIONS. THE DEPARTMENT SHALL  
34 MAKE REGULATIONS PROVIDING FOR THE SAFE DISPOSAL OF UNUSED MEDICATIONS  
35 PRESCRIBED, DISPENSED OR ORDERED UNDER THIS ARTICLE.

36 S 2899-N. DEATH CERTIFICATE. IN THE EVENT THAT A PATIENT DIES AS A  
37 RESULT OF MEDICATION SELF-ADMINISTERED UNDER THIS ARTICLE, THE DEATH  
38 CERTIFICATE SHALL INDICATE THAT THE CAUSE OF DEATH WAS THE UNDERLYING  
39 TERMINAL ILLNESS OR CONDITION OF THE PATIENT. HOWEVER, WHERE THERE ARE  
40 REASONABLE GROUNDS TO BELIEVE, UNDER THE CIRCUMSTANCES, THAT THE PATIENT  
41 RESCINDED HIS OR HER REQUEST OR CONSENT TO SELF-ADMINISTER MEDICATION  
42 UNDER THIS ARTICLE OR COMMUNICATED A DESIRE THAT THE LETHAL ACTION OF  
43 THE MEDICATION BE REVERSED, AND THE PATIENT NEVERTHELESS DIED FROM THE  
44 SELF-ADMINISTRATION OF THE MEDICATION, THE SELF-ADMINISTRATION OF THE  
45 MEDICATION MAY BE LISTED AS THE CAUSE OF DEATH.

46 S 2899-O. REPORTING. 1. THE COMMISSIONER SHALL ANNUALLY REVIEW A  
47 SAMPLE OF THE RECORDS MAINTAINED UNDER SECTION TWENTY-EIGHT HUNDRED  
48 NINETY-NINE-I OF THIS ARTICLE. THE DEPARTMENT MAY ADOPT REGULATIONS  
49 ESTABLISHING REPORTING REQUIREMENTS FOR PHYSICIANS TAKING ACTION UNDER  
50 THIS ARTICLE TO DETERMINE UTILIZATION AND COMPLIANCE WITH THIS ARTICLE.  
51 THE INFORMATION COLLECTED UNDER THIS SECTION SHALL BE CONFIDENTIAL AND  
52 SHALL BE COLLECTED IN A MANNER THAT PROTECTS THE PRIVACY OF THE PATIENT,  
53 HIS OR HER FAMILY, AND ANY HEALTH CARE PROVIDER ACTING IN CONNECTION  
54 WITH SUCH PATIENT UNDER THIS ARTICLE.

1 2. THE DEPARTMENT SHALL PREPARE A REPORT ANNUALLY CONTAINING RELEVANT  
2 DATA REGARDING UTILIZATION AND COMPLIANCE WITH THIS ARTICLE AND SHALL  
3 POST SUCH REPORT ON ITS WEBSITE.

4 S 2899-P. SEVERABILITY. IF ANY PROVISION OF THIS ARTICLE OR ANY APPLI-  
5 CATION OF ANY PROVISION OF THIS ARTICLE, IS HELD TO BE INVALID, OR TO  
6 VIOLATE OR BE INCONSISTENT WITH ANY FEDERAL LAW OR REGULATION, THAT  
7 SHALL NOT AFFECT THE VALIDITY OR EFFECTIVENESS OF ANY OTHER PROVISION OF  
8 THIS ARTICLE, OR OF ANY OTHER APPLICATION OF ANY PROVISION OF THIS ARTI-  
9 CLE, WHICH CAN BE GIVEN EFFECT WITHOUT THAT PROVISION OR APPLICATION;  
10 AND TO THAT END, THE PROVISIONS AND APPLICATIONS OF THIS ARTICLE ARE  
11 SEVERABLE.

12 S 3. This act shall take effect immediately.