2230

2015-2016 Regular Sessions

IN ASSEMBLY

January 15, 2015

Introduced by M. of A. GOTTFRIED, CYMBROWITZ, GALEF, GUNTHER, PAULIN, PEOPLES-STOKES, LAVINE, MARKEY, ROSENTHAL, COLTON, ABINANTI, JAFFEE --Multi-Sponsored by -- M. of A. DINOWITZ, HOOPER, LUPARDO, McDONALD, PERRY, RIVERA, ROBINSON, TITONE -- read once and referred to the Committee on Health

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

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

Section 1. Legislative findings and intent. The legislature finds that 1 thousands of New Yorkers suffer needlessly from debilitating pain every 2 3 year, a condition that can be remedied by the appropriate use of pain 4 medications and other pain management methods. Health care professionals often hesitate to prescribe or administer these medications for fear of 5 reprisal by public health or criminal justice authorities. 6 This legis-7 lation follows the well-established public policy that the prescribing and administration of pain medications is a legitimate medical inter-8 vention that can improve the quality of life and avoid needless suffer-9 10 ing. It is a well established medical, moral and ethical proposition that it is acceptable to relieve pain by medications, even if the result 11 12 is or may be decreased consciousness and shortening of life and the indirect hastening of death. However many health care practitioners fear 13 that the legal system may not recognize that principle. While this 14 15 legislation intends to encourage the appropriate prescribing of pain medications, it does not intend in any way to diminish New York state's strong public policy and laws against the abuse of drugs. 16 17

18 S 2. The public health law is amended by adding a new article 28-F to 19 read as follows:

ARTICLE 28-F PAIN MANAGEMENT

22 SECTION 2899-B. DEFINITIONS.

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

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1 2899-C. LIMITATION ON PROFESSIONAL DISCIPLINE OR CRIMINAL 2 LIABILITY. 3 2899-D. ACTS SUBJECT TO PROFESSIONAL DISCIPLINE OR PROSECUTION. 4 2899-E. APPLICABILITY. 5 2899-B. DEFINITIONS. AS USED IN THIS ARTICLE, THE FOLLOWING TERMS S 6 SHALL HAVE THE FOLLOWING MEANINGS: 7 1. "ACCEPTED GUIDELINE" MEANS A PEER REVIEWED CLINICAL PRACTICE GUIDE-8 LINE FOR PAIN MANAGEMENT DEVELOPED, AS APPLICABLE, BY A NATIONALLY-RE-9 COGNIZED HEALTH CARE PROFESSIONAL OR SPECIALTY ASSOCIATION, OR A NATION-10 ALLY-RECOGNIZED PAIN MANAGEMENT ASSOCIATION. CARE PRACTITIONER" MEANS A HEALTH CARE PRACTITIONER "HEALTH 11 2. LICENSED OR CERTIFIED UNDER TITLE EIGHT OF THE EDUCATION LAW, WHO IS 12 13 AUTHORIZED TO ORDER, PRESCRIBE, ADMINISTER OR DISPENSE PAIN-RELIEVING MEDICATIONS OR OTHER TREATMENT FOR THE RELIEF OF PAIN. 14 3. "PAIN-RELIEVING MEDICATION" MEANS A PRESCRIPTION DRUG, INCLUDING A 15 16 CONTROLLED SUBSTANCE CLASSIFIED AS SCHEDULE II OR OTHER CONTROLLED 17 SUBSTANCE, USED FOR PAIN RELIEF. 4. "PROFESSIONAL DISCIPLINE" MEANS PROFESSIONAL DISCIPLINE UNDER TITLE 18 19 TWO-A OF ARTICLE TWO OF THIS CHAPTER OR TITLE EIGHT OF THE EDUCATION 20 LAW. 21 S 2899-C. LIMITATION ON PROFESSIONAL DISCIPLINE OR CRIMINAL LIABILITY. HEALTH CARE PRACTITIONER SHALL NOT BE SUBJECT TO PROFESSIONAL DISCI-22 Α PLINE OR CRIMINAL LIABILITY FOR ORDERING, PRESCRIBING, ADMINISTERING OR 23 DISPENSING PAIN-RELIEVING MEDICATIONS OR OTHER TREATMENTS 24 FOR THE 25 PURPOSE OF ALLEVIATING OR CONTROLLING PAIN WHEN PRACTICING WITHIN THE PRACTITIONER'S LAWFUL SCOPE OF PRACTICE AND IN ACCORDANCE 26 HEALTH CARE 27 WITH THE REASONABLE STANDARD OF CARE OF THE HEALTH CARE PRACTITIONER'S 28 PROFESSION, INCLUDING AN ACCEPTED GUIDELINE. 2899-D. ACTS SUBJECT TO PROFESSIONAL DISCIPLINE OR PROSECUTION. 1. 29 S 30 NOTHING IN THIS ARTICLE SHALL PROHIBIT PROFESSIONAL DISCIPLINE OR CRIMI-NAL PROSECUTION OF A HEALTH CARE PRACTITIONER FOR FAILURE TO COMPLY WITH 31 32 APPLICABLE STATE OR FEDERAL LAW, INCLUDING MEDICAL RECORD KEEPING; HOMI-CIDE OR PROMOTING, ASSISTING, CAUSING OR AIDING SUICIDE UNDER THE PENAL 33 LAW; OR UNLAWFUL PRESCRIBING; OR UNLAWFUL DIVERSION. 34 2. NOTHING IN THIS ARTICLE SHALL PROHIBIT PROFESSIONAL DISCIPLINE OF A 35 HEALTH CARE PRACTITIONER FOR FAILURE TO ADEQUATELY PRESCRIBE, ORDER, 36 37 ADMINISTER OR DISPENSE PAIN-RELIEVING MEDICATIONS OR OTHER TREATMENTS 38 FOR THE RELIEF OF PAIN IN ACCORDANCE WITH THE REASONABLE STANDARD OF 39 CARE OF THE HEALTH CARE PRACTITIONER'S PROFESSION, INCLUDING AN ACCEPTED 40 GUIDELINE. S 2899-E. APPLICABILITY. THIS ARTICLE SHALL APPLY TO THE TREATMENT OF 41 ALL PATIENTS WITH PAIN, INCLUDING DYING PATIENTS, PATIENTS WITH ACUTE 42 43 PAIN AND PATIENTS WITH CHRONIC PAIN, REGARDLESS OF THE PATIENT'S PRIOR CURRENT CHEMICAL DEPENDENCY OR ADDICTION; PROVIDED THAT A REASONABLE 44 OR STANDARD OF CARE OF THE HEALTH CARE PRACTITIONER'S PROFESSION, INCLUDING 45 ACCEPTED GUIDELINES, MAY MAKE SPECIAL PROVISIONS RELATING TO PRIOR OR 46 47 CURRENT CHEMICAL DEPENDENCY OR ADDICTION. S 3. This act shall take effect immediately, provided that subdivision 48 2 of section 2899-d of the public health law, as added by section two of 49 50 this act, shall take effect on the first of January of the second year after it shall have become a law. 51