

# STATE OF NEW YORK

1172--C

Cal. No. 111

2021-2022 Regular Sessions

## IN SENATE

January 7, 2021

Introduced by Sens. RIVERA, JACKSON, MYRIE -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading -- again amended and ordered reprinted, retaining its place in the order of third reading -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to the provision of informed consent

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Paragraph (g) of subdivision 1 of section 2803 of the  
2 public health law, as added by chapter 2 of the laws of 1988, is amended  
3 to read as follows:  
4 (g) The commissioner shall require that every general hospital adopt  
5 and make public an identical statement of the rights and responsibil-  
6 ities of patients, in accordance with applicable law, including, but not  
7 limited to:  
8 (i) a patient complaint and quality of care review process[-];  
9 (ii) a right to receive all information necessary to give informed  
10 consent for any proposed intervention, procedure, or treatment, includ-  
11 ing information regarding the foreseeable and clinically significant  
12 risks and benefits of the proposed intervention, procedure, or treat-  
13 ment;

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

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1 (iii) a right to receive complete information regarding the patient's  
2 condition, prognosis, and clinical indications for the proposed inter-  
3 vention, procedure, or treatment;

4 (iv) a right to receive information regarding alternative treatment  
5 options including the foreseeable and clinically significant risks and  
6 benefits of such alternative treatment options, taking into consider-  
7 ation any known preconditions;

8 (v) a right to be informed of the name, position, and functions of any  
9 persons, including medical students and physicians exempt from New York  
10 state licensure pursuant to section sixty-five hundred twenty-six of the  
11 education law, who provide face-to-face care to or direct observation of  
12 the patient;

13 (vi) a right to refuse the proposed intervention, procedure, or treat-  
14 ment and to be informed of the clinical effects of such refusal;

15 (vii) a right to meaningfully engage and participate in the informed  
16 consent process, which shall mean, but not be limited to, affording the  
17 patient or their representative time to ask questions and have them  
18 answered satisfactorily to the extent reasonable;

19 (viii) a right to be informed of any human subjects research that the  
20 attending physician taking care of the patient participates in and may  
21 directly affect a procedure or treatment to be received by the patient,  
22 and to provide voluntary written informed consent to participate, should  
23 the patient be an appropriate candidate for such human subjects research  
24 in the clinical judgment of the attending physician. The informed  
25 consent referred to here shall conform with federal requirements regard-  
26 ing protection for human research subjects, and any other applicable  
27 laws or regulations;

28 (ix) a right to an appropriate patient discharge plan; and

29 (x) for patients other than beneficiaries of title XVIII of the feder-  
30 al social security act (medicare), a right to a discharge review in  
31 accordance with section twenty-eight hundred three-i of this article.  
32 The form and content of such statement shall be determined in accordance  
33 with rules and regulations adopted by the council and approved by the  
34 commissioner. A patient who requires continuing health care services in  
35 accordance with such patient's discharge plan may not be discharged  
36 until such services are secured or determined by the hospital to be  
37 reasonably available to the patient. Each general hospital shall give a  
38 copy of the statement to each patient, or the appointed personal repre-  
39 sentative of the patient at or prior to the time of admission to the  
40 general hospital, as long as the patient or the appointed personal  
41 representative of the patient receives such notice no earlier than four-  
42 teen days before admission. Such statement shall also be conspicuously  
43 posted by the hospital and shall be a part of the patient's admission  
44 package. Nothing herein contained shall be construed to limit any  
45 authority vested in the commissioner pursuant to this article related to  
46 the operation of hospitals and care and services provided to patients.

47 § 2. This act shall take effect on the first of January next succeed-  
48 ing the date on which it shall have become a law. Effective immediate-  
49 ly, the addition, amendment and/or repeal of any rule or regulation  
50 necessary for the implementation of this act on its effective date are  
51 authorized to be made and completed on or before such effective date.