

# STATE OF NEW YORK

1461--A

2025-2026 Regular Sessions

## IN ASSEMBLY

January 9, 2025

Introduced by M. of A. PAULIN, SAYEGH, STECK, SIMON, COOK, GLICK, VANEL, LUNSFORD, ROSENTHAL, BRONSON, WILLIAMS, BICHOTTE HERMELYN, R. CARROLL, FALL, GALLAGHER, FORREST, CRUZ, STIRPE, CLARK, COLTON, SANTABARBARA, HUNTER, JACKSON, ZINERMAN, KELLES, JACOBSON, OTIS, MEEKS, WEPRIN, RAGA -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the use of psychotropic medications in nursing homes and adult care facilities

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

1 Section 1. The public health law is amended by adding a new section  
2 280-e to read as follows:

3 § 280-e. Use of antipsychotic medications in nursing homes. 1. As  
4 used in this section:

5 (a) "lawful representative" means, where a resident lacks capacity to  
6 consent to health care, a person authorized to consent on behalf of the  
7 resident, including, but not limited to, a health care agent authorized  
8 by a health care proxy under article twenty-nine-C of this chapter or a  
9 surrogate under article twenty-nine-CC of this chapter; and

10 (b) "health care professional" means a health care professional,  
11 licensed, certified or authorized to practice under title eight of the  
12 education law, acting within such health care professional's lawful  
13 scope of practice, who has authority to order an antipsychotic medica-  
14 tion.

15 2. (a) A nursing home or a health care professional shall obtain the  
16 informed written consent of the resident or the resident's lawful repre-  
17 sentative, before initiating the administration of an antipsychotic  
18 medication for a resident, provided that informed written consent shall  
19 not be required in the case of:

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

LBD02250-06-5

1 (i) a resident who has been prescribed an antipsychotic medication  
2 prior to an admission or readmission to the nursing home;

3 (ii) a resident who has provided informed written consent within the  
4 last twelve months;

5 (iii) a resident receiving hospice care;

6 (iv) a resident of a nursing home's certified behavioral unit;

7 (v) a resident with a primary diagnosis of Huntington's disease; or

8 (vi) an emergency as defined in subdivision three of this section.

9 (b) Where a resident lacks capacity to consent to health care and  
10 lacks a lawful representative, a prescription under this section shall  
11 be subject to subdivision four of section twenty-nine hundred ninety-  
12 four-g of this chapter as if the resident were an inpatient of a general  
13 hospital. To constitute informed written consent, the following disclo-  
14 sure shall be given to the resident or, where the resident lacks capaci-  
15 ty to consent to health care, the resident's lawful representative, in a  
16 clear and explicit manner:

17 (i) the reason for the medication, including the nature and serious-  
18 ness of the resident's illness, disorder or condition that the medica-  
19 tion is intended to treat;

20 (ii) the anticipated benefit from the medication, and the dosage, and  
21 frequency;

22 (iii) the probability of side effects and significant risks of the  
23 medication, including the nature, degree, and duration of such effects  
24 and reasonably known risks;

25 (iv) the reasonable alternative treatments to the proposed medication  
26 and the reason that the prescribing health care professional prefers the  
27 proposed medication in this instance; and

28 (v) that the resident or lawful representative has the right to  
29 consent or refuse consent to use of the proposed medication, and that if  
30 such resident or lawful representative consents, such resident or lawful  
31 representative has the right to revoke such resident's or lawful repre-  
32 sentative's consent for any reason, at any time, including a description  
33 of how the consent shall be revoked.

34 (c) The health care professional shall document in the resident's  
35 medical record the date and time that the informed written consent  
36 disclosure was provided, and to whom and by whom it was provided.

37 (d) Where the resident's medical record notes that a family member has  
38 requested notification of medication orders or prescriptions, and such  
39 notification is otherwise lawful, the health care professional shall  
40 cause notice to be provided within forty-eight hours of the order under  
41 this section. Such notice shall not be provided if the resident specif-  
42 ically requests that the family member not be given notification.

43 3. A nursing home and a health care professional shall not be required  
44 to obtain consent under this section to issue an order for use of an  
45 antipsychotic medication for a resident in a nursing home where it is  
46 necessary in an emergency to protect against an immediate threat to the  
47 life, health or safety of the resident or another person. The medica-  
48 tion must be the most appropriate available means of reducing that  
49 threat, with the least risk of harm considering the resident's condition  
50 or disorder. The order shall only apply, in the absence of consent,  
51 during the emergency. Where an order is made under this subdivision, the  
52 health care professional shall immediately record the use of the anti-  
53 psychotic medication, the reason for the use, and the dosage, in the  
54 resident's medical record; and shall promptly notify the resident or the  
55 resident's lawful representative who would have had the authority to

1 consent, and any family member required to be notified under this  
2 section and record such notifications in the resident's medical record.

3 4. This section does not increase the lawful scope of practice of any  
4 health care professional and does not diminish or impair any requirement  
5 for or regulation of consent to health care treatment.

6 5. The commissioner may make regulations to implement this section.

7 § 2. This act shall take effect one year after it shall have become a  
8 law. Effective immediately, the addition, amendment and/or repeal of any  
9 rule or regulation necessary for the implementation of this act on its  
10 effective date are authorized to be made and completed on or before such  
11 effective date.