

AN ACT

Providing for patients' rights; and establishing a Pain Management and Palliative Care Task Force.

TABLE OF CONTENTS

Chapter 1. Preliminary Provisions

Section 101. Short title.

Section 102. Legislative intent.

Section 103. Definitions.

Chapter 3. Patients' Bill of Rights

Section 301. Rights.

Section 302. Notification of rights.

Chapter 5. Education and Treatment

Section 501. Establishment of task force.

Section 502. Composition of task force.

Section 503. Meetings of task force.

Section 504. Compensation and expenses of task force members.

Section 505. Duties of task force.

Section 506. Report of task force.

Chapter 11. Miscellaneous Provisions

Section 1101. Effect on legal actions.

Section 1102. Effective date.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

CHAPTER 1

PRELIMINARY PROVISIONS

Section 101. Short title.

This act shall be known and may be cited as the Patient Comfort Act.

Section 102. Legislative intent.

The purpose of this act is to provide for education and

treatment of pain.

Section 103. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Department." The Department of Health of the Commonwealth.

"Health care facility." As defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

"HEALTH CARE PRACTITIONER." AS DEFINED IN SECTION 103 OF THE ACT OF JULY 19, 1979 (P.L.130, NO.48), KNOWN AS THE HEALTH CARE FACILITIES ACT.

"Health care provider." As defined in section 103 of the act of July 19, 1979 (P.L.130, No. 48), known as the Health Care Facilities Act.

"PALLIATIVE CARE." PATIENT AND FAMILY-CENTERED CARE THAT OPTIMIZES QUALITY OF LIFE BY ANTICIPATING, PREVENTING AND TREATING SUFFERING. PALLIATIVE CARE THROUGHOUT THE CONTINUUM OF ILLNESS INVOLVES ADDRESSING PHYSICAL, INTELLECTUAL, EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS AND TO FACILITATE PATIENT AUTONOMY, ACCESS TO INFORMATION AND CHOICE.

"Task force." The Pain Management and Palliative Care Task Force established under Chapter 5.

CHAPTER 3

PATIENTS' BILL OF RIGHTS

Section 301. Rights.

Patients in health care facilities have the following rights:

- (1) To be informed of all evidence-based options for care and treatment, including palliative care, in order to

make a fully informed decision.

(2) When diagnosed with a terminal illness, to be informed by a ~~clinician~~ HEALTH CARE PRACTITIONER of all available options related to terminal care; to be able to request any, all or none of these options; and to expect and receive supportive care for the specific option or options available.

(3) To request or reject the use of any or all treatments in order to relieve pain.

(4) To receive competent and compassionate medical assistance in managing physical and emotional symptoms.

(5) While suffering from a serious or life-limiting illness or condition, to receive palliative care while seeking and undergoing potentially curative treatment.

(6) To receive a reasonable answer to any specific question about a diagnosis, prognosis or foreseeable risks and benefits of a treatment option. A ~~medical~~ HEALTH CARE practitioner shall not withhold any requested information except to the extent that a reasonable ~~medical~~ HEALTH CARE practitioner would withhold the information because the manner and extent of such disclosure could reasonably be expected to adversely and substantially affect the patient's condition, in which case the ~~medical~~ HEALTH CARE practitioner shall provide the information to a member of the patient's immediate family.

(7) To know by name the ~~medical~~ HEALTH CARE practitioner primarily responsible for coordinating care.

Section 302. Notification of rights.

The department shall notify all health care facilities and

health care providers in writing of the enactment of this chapter. The notification shall contain the actual language of the patients' bill of rights and any relevant guidance.

CHAPTER 5

EDUCATION AND TREATMENT

Section 501. Establishment of task force.

The Pain Management and Palliative Care Task Force is established in the department.

Section 502. Composition of task force.

The Secretary of Health or a designee shall serve as chairperson of the task force. The members of the task force, which the Secretary of Health shall be responsible for appointing, shall be as follows:

(1) At least two of the members must be ~~medical~~ HEALTH CARE practitioners specializing in pain management.

(2) At least two of the members must be ~~medical~~ HEALTH CARE practitioners specializing in the care of the terminally ill.

(3) At least one of the members must be a ~~medical~~ HEALTH CARE practitioner specializing in pediatric palliative care.

(4) At least two of the members must be faculty members of a State-sponsored medical school.

~~(5) At least one of the members must be a representative from the department.~~ (5) ONE OF THE MEMBERS MUST BE AN INDIVIDUAL WHO IS NOT A LICENSED HEALTH CARE PROFESSIONAL AND WHO SERVES OR HAS SERVED AS A PATIENT ADVOCATE FOR A PATIENT OR CAREGIVER TO A PATIENT.

Section 503. Meetings of task force.

The task force shall convene within 90 days after the

appointments are made and published and shall meet at the discretion of the chairperson.

Section 504. Compensation and expenses of task force members.

The members of the task force shall receive no compensation for their services but shall be allowed their actual and necessary expenses incurred in performance of their duties. Such reimbursement shall be provided through the department.

Section 505. Duties of task force.

The task force shall have the following duties:

(1) To develop, using existing resources, a plan to raise public awareness of the importance of pain management and palliative care and the patients' bill of rights.

(2) To facilitate coordination of and communication among State and local agencies and organizations to promote palliative and pain management initiatives in this Commonwealth.

(3) To research and develop a plan to ensure the availability of concurrent care for pediatric patients facing life-threatening illnesses.

(4) To research and develop a plan to ensure the availability of palliative care in all hospitals in this Commonwealth.

(5) To research and develop a plan which would ensure that all State-supported medical schools have affiliations with hospital palliative care programs.

Section 506. Report of task force.

On or before November 30, 2014, the task force shall present a report to the ~~chairman~~ CHAIRPERSON of the Public Health and Welfare Committee of the Senate and the ~~chairman~~ CHAIRPERSON of

the Health ~~and Human Services~~ Committee of the House of Representatives. The report shall present findings on and recommendations for the subjects assigned to the task force under section 505.

CHAPTER 11

MISCELLANEOUS PROVISIONS

Section 1101. Effect on legal actions.

Nothing in Chapter 3 or 5 creates a cause of action or defense in favor of any person arising out of the failure to comply with either of these chapters.

Section 1102. Effective date.

This act shall take effect in 60 days.