

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1493 Session of
2012

INTRODUCED BY COSTA, BROWNE, WAUGH, BLAKE, FONTANA, RAFFERTY,
SCHWANK, SOLOBAY, YUDICHAK, LEACH, ORIE AND FARNESE,
APRIL 18, 2012

REFERRED TO PUBLIC HEALTH AND WELFARE, APRIL 18, 2012

AN ACT

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

3 TABLE OF CONTENTS

4 Chapter 1. Preliminary Provisions

5 Section 101. Short title.

6 Section 102. Legislative intent.

7 Section 103. Definitions.

8 Chapter 3. Patients' Bill of Rights

9 Section 301. Rights.

10 Section 302. Notification of rights.

11 Chapter 5. Education and Treatment

12 Section 501. Establishment of task force.

13 Section 502. Composition of task force.

14 Section 503. Meetings of task force.

15 Section 504. Compensation and expenses of task force members.

16 Section 505. Duties of task force.

17 Section 506. Report of task force.

1 Chapter 11. Miscellaneous Provisions

2 Section 1101. Effect on legal actions.

3 Section 1102. Effective date.

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

6 CHAPTER 1

7 PRELIMINARY PROVISIONS

8 Section 101. Short title.

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

11 Section 102. Legislative intent.

12 The purpose of this act is to provide for education and
13 treatment of pain.

14 Section 103. Definitions.

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

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

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

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

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

27 CHAPTER 3

28 PATIENTS' BILL OF RIGHTS

29 Section 301. Rights.

30 Patients in health care facilities have the following rights:

1 (1) To be informed of all evidence-based options for
2 care and treatment, including palliative care, in order to
3 make a fully informed decision.

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

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

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

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

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

26 (7) To know by name the medical practitioner primarily
27 responsible for coordinating care.

28 Section 302. Notification of rights.

29 The department shall notify all health care facilities and
30 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. There shall be 11 members of the task force, which the Secretary of Health shall be responsible for appointing as follows:

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

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

(3) At least one of the members must be a medical 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.

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

1 reimbursement shall be provided through the department.

2 Section 505. Duties of task force.

3 The task force shall have the following duties:

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

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

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

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

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

20 Section 506. Report of task force.

21 On or before November 30, 2013, the task force shall present
22 a report to the chairman of the Public Health and Welfare
23 Committee of the Senate and the chairman of the Health and Human
24 Services Committee of the House of Representatives. The report
25 shall present findings on and recommendations for the subjects
26 assigned to the task force under section 505.

27 CHAPTER 11

28 MISCELLANEOUS PROVISIONS

29 Section 1101. Effect on legal actions.

30 Nothing in Chapter 3 or 5 creates a cause of action or

1 defense in favor of any person arising out of the failure to
2 comply with either of these chapters.
3 Section 1102. Effective date.
4 This act shall take effect in 60 days.