

Public Health Law

* § 2997-d. Hospital, nursing home, home care, special needs assisted living residences and enhanced assisted living residences palliative care support. 1. (a) "Palliative care" means health care treatment, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, including hospice care under article forty of this chapter.

(b) "Appropriate" has the same meaning as paragraph (a) of subdivision one of section twenty-nine hundred ninety-seven-c of this title.

2. General hospitals, nursing homes, organizations licensed or certified pursuant to article thirty-six of this chapter, and organizations licensed as special needs assisted living residences or enhanced assisted living residences pursuant to article forty-six-B of this chapter shall establish policies and procedures to provide patients with advanced life limiting conditions and illnesses who might benefit from palliative care, including associated pain management, services with access to information and counseling regarding such options appropriate to the patient. Policies must include provision for patients who lack capacity to make medical decisions, so that access to such information and counseling shall be provided to the persons who are legally authorized to make medical decisions on behalf of such patients.

3. General hospitals, nursing homes, organizations licensed or certified pursuant to article thirty-six of this chapter, and organizations licensed as special needs assisted living residences or enhanced assisted living residences pursuant to article forty-six-B of this chapter shall facilitate access to appropriate palliative care consultations and services, including associated pain management consultations and services, including but not limited to referrals consistent with patient needs and preferences. The department shall take into account access and proximity of palliative care services, including the availability of hospice and palliative care board certified practitioners and other related workforce staff, geographic factors, and facility size that may impact development of palliative care services.

* NB Effective September 27, 2011