
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

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REFERRED TO COMMITTEE ON HEALTH, JUNE 19, 2014

AN ACT

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

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

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

28 "Palliative care." Patient and family-centered care that
29 optimizes quality of life by anticipating, preventing and
30 treating suffering. Palliative care throughout the continuum of

1 illness involves addressing physical, intellectual, emotional,
2 social and spiritual needs and to facilitate patient autonomy,
3 access to information and choice.

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

6 CHAPTER 3
7 PATIENTS' BILL OF RIGHTS

8 Section 301. Rights.

9 Patients in health care facilities have the following rights:

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

13 (2) When diagnosed with a terminal illness, to be
14 informed by a health care practitioner of all available
15 options related to terminal care; to be able to request any,
16 all or none of these options; and to expect and receive
17 supportive care for the specific option or options available.

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

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

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

25 (6) To receive a reasonable answer to any specific
26 question about a diagnosis, prognosis or foreseeable risks
27 and benefits of a treatment option. A health care
28 practitioner shall not withhold any requested information
29 except to the extent that a reasonable health care
30 practitioner would withhold the information because the

1 manner and extent of such disclosure could reasonably be
2 expected to adversely and substantially affect the patient's
3 condition, in which case the health care practitioner shall
4 provide the information to a member of the patient's
5 immediate family.

6 (7) To know by name the health care practitioner
7 primarily responsible for coordinating care.

8 Section 302. Notification of rights.

9 The department shall notify all health care facilities and
10 health care providers in writing of the enactment of this
11 chapter. The notification shall contain the actual language of
12 the patients' bill of rights and any relevant guidance.

13 CHAPTER 5

14 EDUCATION AND TREATMENT

15 Section 501. Establishment of task force.

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

18 Section 502. Composition of task force.

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

23 (1) At least two of the members must be health care
24 practitioners specializing in pain management.

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

27 (3) At least one of the members must be a health care
28 practitioner specializing in pediatric palliative care.

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

1 Section 503. Meetings of task force.

2 The task force shall convene within 90 days after the
3 appointments are made and published and shall meet at the
4 discretion of the chairperson.

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

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

10 Section 505. Duties of task force.

11 The task force shall have the following duties:

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

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

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

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

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

28 Section 506. Report of task force.

29 On or before November 30, 2014, the task force shall present
30 a report to the chairperson of the Public Health and Welfare

1 Committee of the Senate and the chairperson of the Health
2 Committee of the House of Representatives. The report shall
3 present findings on and recommendations for the subjects
4 assigned to the task force under section 505.

5 CHAPTER 7

6 MISCELLANEOUS PROVISIONS

7 Section 701. Effect on legal actions.

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

11 Section 702. Effective date.

12 This act shall take effect in 60 days.