

SENATE BILL 269

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SB 289/01 - EEA

2002 Regular Session  
2lr0865  
CF 2lr0864

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By: **Senators Hollinger, Blount, Bromwell, Forehand, Hoffman, Kelley,  
Lawlah, Roesser, Ruben, and Sfikas**

Introduced and read first time: January 23, 2002  
Assigned to: Education, Health, and Environmental Affairs

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Committee Report: Favorable with amendments  
Senate action: Adopted  
Read second time: February 19, 2002

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Care - Programs and Facilities - Pain Management**

3 FOR the purpose of establishing a State Advisory Council on Pain Management;  
4 specifying the membership, terms, and purpose of the Advisory Council;  
5 authorizing the Advisory Council to consult with certain individuals or  
6 organization representatives; requiring the Advisory Council to issue certain  
7 reports on or before certain dates; requiring certain health care facilities to  
8 establish certain procedures for the routine monitoring of patient pain;  
9 providing for the termination of a portion of this Act; generally relating to a  
10 State Advisory Council on Pain Management; and to the monitoring of patient  
11 pain by certain health care facilities.

12 BY adding to  
13 Article - Health - General  
14 Section 13-1601 through 13-1605, inclusive, to be under the new subtitle  
15 "Subtitle 16. Advisory Council on Pain Management"; and 19-348.1  
16 Annotated Code of Maryland  
17 (2000 Replacement Volume and 2001 Supplement)

18 Preamble

19 WHEREAS, Estimates indicate that as many as 34 million people nationwide  
20 suffer from chronic intractable pain; and

21 WHEREAS, Experts acknowledge that patients may be victims of inadequate  
22 pain management as their needs are not met with proper treatment; and

1 WHEREAS, Not only is chronic intractable pain a life debilitating condition, it is  
2 a costly epidemic facing our nation; and

3 WHEREAS, The field of medicine is constantly evolving, and continuing  
4 education in pain management is essential to ensure a patient is receiving the best  
5 care possible; and

6 WHEREAS, State law and policy could play a role in facilitating effective pain  
7 management, thus serving the needs of the citizens of the State; now, therefore,

8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
9 MARYLAND, That the Laws of Maryland read as follows:

10 **Article - Health - General**

11 SUBTITLE 16. ADVISORY COUNCIL ON PAIN MANAGEMENT.

12 13-1601.

13 THERE IS A STATE ADVISORY COUNCIL ON PAIN MANAGEMENT.

14 13-1602.

15 (A) (1) THE ADVISORY COUNCIL CONSISTS OF 13 MEMBERS.

16 (2) OF THE 13 MEMBERS:

17 (I) ONE SHALL BE A MEMBER OF THE SENATE OF MARYLAND  
18 APPOINTED BY THE PRESIDENT OF THE SENATE;

19 (II) ONE SHALL BE A MEMBER OF THE HOUSE OF DELEGATES  
20 APPOINTED BY THE SPEAKER OF THE HOUSE; AND

21 (III) 11 SHALL BE APPOINTED BY THE GOVERNOR.

22 (3) OF THE 11 MEMBERS APPOINTED BY THE GOVERNOR:

23 (I) ONE SHALL BE A REPRESENTATIVE OF THE DEPARTMENT OF  
24 HEALTH AND MENTAL HYGIENE;

25 (II) ONE SHALL BE A REPRESENTATIVE OF THE ATTORNEY  
26 GENERAL;

27 (III) ONE SHALL BE ~~AN ANESTHESIOLOGIST~~ A PHYSICIAN  
28 CERTIFIED IN PAIN MANAGEMENT;

29 ~~(IV) ONE SHALL BE A CERTIFIED REGISTERED NURSE~~  
30 ~~ANESTHETIST~~;

31 ~~(V)~~ (IV) ONE SHALL BE A CONSUMER;

1                   ~~(V)~~    (V)     ONE SHALL BE A DENTIST;

2                   ~~(VII)~~ (VI)     ONE SHALL BE AN ETHICIST;

3                   ~~(VIII)~~ (VII)    ONE SHALL BE A ~~GERIATRICIAN~~ PHYSICIAN CERTIFIED  
4 IN GERIATRIC MEDICINE;

5                   ~~(IX)~~   (VIII)   ONE SHALL BE A PEDIATRICIAN;

6                   ~~(X)~~     (IX)     ONE SHALL BE A PHARMACIST; AND

7                   ~~(XI)~~    (X)     ~~ONE TWO~~ SHALL BE A- REGISTERED ~~NURSE~~ NURSES  
8 WITH EXPERTISE IN HOSPICE, ONCOLOGY, LONG-TERM CARE, ANESTHESIA, OR PAIN  
9 MANAGEMENT.

10       (B)     (1)     THE TERM OF A MEMBER IS 2 YEARS.

11               (2)     IF A VACANCY OCCURS DURING THE TERM OF A MEMBER, THE  
12 GOVERNOR SHALL APPOINT A SUCCESSOR WHO WILL SERVE ONLY FOR THE REST OF  
13 THE TERM AND UNTIL ANOTHER SUCCESSOR IS APPOINTED AND QUALIFIES.

14       (C)     THE GOVERNOR MAY REMOVE A MEMBER FOR INCOMPETENCE OR  
15 MISCONDUCT.

16 13-1603.

17       THE ADVISORY COUNCIL SHALL ELECT A CHAIRMAN FROM AMONG THE  
18 MEMBERS OF THE ADVISORY COUNCIL.

19 13-1604.

20       (A)     A MAJORITY OF THE MEMBERS SERVING ON THE ADVISORY COUNCIL  
21 REPRESENTS A QUORUM TO DO BUSINESS.

22       (B)     (1)     THE ADVISORY COUNCIL SHALL MEET AT LEAST FOUR TIMES A YEAR,  
23 AT THE TIMES AND PLACES THAT IT DETERMINES.

24               (2)     THE DEPARTMENT SHALL PUBLISH NOTIFICATION OF THE  
25 MEETINGS.

26       (C)     A MEMBER OF THE ADVISORY COUNCIL:

27               (1)     MAY NOT RECEIVE COMPENSATION; BUT

28               (2)     IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
29 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

30       (D)     THE SECRETARY SHALL DESIGNATE THE STAFF NECESSARY TO CARRY  
31 OUT THIS SUBTITLE.

1 13-1605.

2 (A) THE PURPOSE OF THE ADVISORY COUNCIL SHALL BE TO PROVIDE ADVICE  
3 AND RECOMMENDATIONS WITH RESPECT TO PAIN MANAGEMENT POLICY,  
4 INCLUDING THE FOLLOWING:

5 (1) ACUTE AND CHRONIC PAIN MANAGEMENT TREATMENT PRACTICES  
6 BY HEALTH CARE PROVIDERS IN MARYLAND;

7 (2) STATE STATUTES AND REGULATIONS RELATING TO PAIN  
8 MANAGEMENT THERAPIES;

9 (3) THE SANCTION AND USE OF ALTERNATIVE THERAPIES;

10 (4) ACUTE AND CHRONIC PAIN MANAGEMENT EDUCATION PROVIDED  
11 BY MEDICAL, NURSING, PHARMACY, AND DENTAL SCHOOLS IN THIS STATE;

12 (5) ACUTE AND CHRONIC PAIN MANAGEMENT NEEDS OF BOTH ADULTS  
13 AND CHILDREN;

14 (6) DEVELOPMENT OF A PAIN MANAGEMENT RESOURCE COMPENDIUM  
15 AND A PALLIATIVE CARE HOT LINE; AND

16 (7) OTHER ISSUES RELATING TO PAIN MANAGEMENT THAT THE  
17 ADVISORY COUNCIL DEEMS APPROPRIATE.

18 (B) IN ACHIEVING ITS PURPOSE, THE ADVISORY COUNCIL MAY, AS  
19 APPROPRIATE, CONSULT WITH THE FOLLOWING INDIVIDUALS, ORGANIZATIONS, OR  
20 ENTITIES:

21 (1) AN ACUPUNCTURIST;

22 (2) THE AMERICAN ASSOCIATION OF RETIRED PERSONS;

23 (3) THE DEPARTMENT OF AGING;

24 (4) AN AIDS SPECIALIST;

25 (5) THE AMERICAN CANCER SOCIETY;

26 (6) THE ASSOCIATION OF MARYLAND HOSPITALS AND HEALTH  
27 SYSTEMS;

28 (7) A CAREGIVER FOR AN INDIVIDUAL CURRENTLY BEING TREATED FOR  
29 CHRONIC PAIN;

30 (8) A COMMUNITY PHARMACIST;

31 (9) THE HEALTH CARE FACILITIES ASSOCIATION OF MARYLAND;

32 (10) A HOME HEALTH REGISTERED NURSE;

- 1 (11) THE HOSPICE NETWORK OF MARYLAND;
- 2 (12) AN INDIVIDUAL CURRENTLY BEING TREATED FOR CHRONIC PAIN;
- 3 (13) THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE;
- 4 (14) A LONG-TERM CARE REGISTERED NURSE;
- 5 (15) THE MARYLAND AMBULATORY SURGICAL ASSOCIATION;
- 6 (16) THE MARYLAND PATIENT ADVOCACY GROUP;
- 7 (17) THE MARYLAND PHARMACISTS ASSOCIATION;
- 8 (18) THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND;
- 9 (19) THE MID-ATLANTIC NON-PROFIT HEALTH AND HOUSING  
10 ASSOCIATION;
- 11 (20) A NURSE ADMINISTRATOR;
- 12 (21) AN ONCOLOGIST;
- 13 (22) A PAIN SPECIALIST;
- 14 (23) THE PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF  
15 AMERICA;
- 16 (24) A PHYSICAL THERAPIST;
- 17 (25) A PSYCHIATRIST;
- 18 (26) A PSYCHOLOGIST;
- 19 (27) A RESPIRATORY THERAPIST;
- 20 (28) THE STATE ACUPUNCTURE BOARD;
- 21 (29) THE STATE BOARD OF NURSING;
- 22 (30) THE STATE BOARD OF PHARMACY;
- 23 (31) THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE;
- 24 (32) A SOCIAL WORKER;
- 25 (33) A SURGEON;
- 26 (34) THE UNITED SENIORS OF MARYLAND;
- 27 (35) THE UNIVERSITY OF MARYLAND DENTAL SCHOOL;

- 1 (36) A MARYLAND LAW SCHOOL;
- 2 (37) THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE; ~~AND~~
- 3 (38) THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY; ;
- 4 (39) THE AMERICAN PAIN FOUNDATION; AND
- 5 (40) ANY OTHER INDIVIDUAL OR GROUP KNOWLEDGEABLE IN PAIN
- 6 MANAGEMENT.

7 (C) (1) ON OR BEFORE SEPTEMBER 30, 2003, THE ADVISORY COUNCIL SHALL

8 ISSUE AN INTERIM REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH §

9 2-1246 OF THE STATE GOVERNMENT ARTICLE, THAT INCLUDES RECOMMENDATIONS

10 ON PAIN MANAGEMENT ISSUES IN MARYLAND.

11 (2) ON OR BEFORE SEPTEMBER 30, 2004, THE ADVISORY COUNCIL SHALL

12 ISSUE A FINAL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246

13 OF THE STATE GOVERNMENT ARTICLE, THAT INCLUDES RECOMMENDATIONS ON

14 PAIN MANAGEMENT ISSUES IN MARYLAND.

15 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland

16 read as follows:

17 **Article - Health - General**

18 19-348.1.

19 EACH HEALTH CARE FACILITY, AS DEFINED IN § 19-114 OF THIS TITLE, SHALL

20 PROVIDE FOR THE ROUTINE MONITORING OF PATIENT PAIN BY ESTABLISHING AND

21 MAINTAINING POLICIES AND PROCEDURES FOR:

- 22 (1) INQUIRING WHETHER A PATIENT IS IN PAIN;
- 23 (2) ASKING A PATIENT TO RATE THE PATIENT'S DEGREE OF PAIN FOR A
- 24 SPECIFIED PERIOD OF TIME AND TO RECORD THE PATIENT'S RESPONSES; AND
- 25 (3) ROUTINELY RECORDING LEVELS OF PAIN INTENSITY ON PATIENT
- 26 CHARTS.

27 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect

28 October 1, 2002. Section 1 of this Act shall remain effective for a period of 2 years and,

29 at the end of September 30, 2004, with no further action required by the General

30 Assembly, Section 1 of this Act shall be abrogated and of no further force and effect.

