(2) ON OR BEFORE SEPTEMBER 30, 2004, THE ADVISORY COUNCIL SHALL ISSUE A FINAL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THAT INCLUDES RECOMMENDATIONS ON PAIN MANAGEMENT ISSUES IN MARYLAND.

SUBTITLE 2C. PAIN MANAGEMENT

19-3C-01-

- (A) IN THIS SECTION, "HEALTH CARE FACILITY" HAS THE MEANING PROVIDED UNDER § 19–114 OF THIS TITLE.
- (B) IN ADDITION TO MONITORING BLOOD PRESSURE, PULSE, RESPIRATION, AND TEMPERATURE, A HEALTH CARE FACILITY, AS DEFINED UNDER § 19-114 OF THIS TITLE. SHALL:
- (1) ROUTINELY ASSESS AND MONITOR PAIN WHEN MONITORING THE VITAL SIGNS OF A PATIENT OR RESIDENT: AND
- (2) MAINTAIN WRITTEN POLICIES AND PROCEDURES FOR THE ASSESSMENT AND MONITORING OF PAIN
- (C) IN MONITORING PAIN IN A PATIENT OR RESIDENT, A HEALTH CARE FACILITY SHALL:
- (1) ROUTINELY INQUIRE WHETHER THE PATIENT OR RESIDENT IS IN PAIN:
- (2) ASK THE PATIENT OR RESIDENT TO RATE THE PATIENT'S OR RESIDENT'S DEGREE OF PAIN:
- (3) ROUTINELY RECORD LEVELS OF PAIN INTENSITY ON THE PATIENT'S OR RESIDENT'S CHART.
- (4) REASSESS THE PATIENT OR RESIDENT FOR PAIN AFTER THE ADMINISTRATION OF ANY TREATMENT OR MEDICATION FOR THE RELIEF OF PAIN; AND
- (5) RECORD THE EFFECT OF ANY TREATMENT OR MEDICATION ADMINISTERED TO THE PATIENT OR RESIDENT FOR RELIEF OF PAIN.
- (D) (1) (H) THE DEPARTMENT SHALL DEVELOP A PAIN MANAGEMENT TRAINING PROGRAM TO ENSURE THE COMPETENCE IN PAIN MANAGEMENT OF INDIVIDUALS THAT PROVIDE MEDICAL CARE DIRECTLY TO PATIENTS IN HEALTH CARE FACILITIES.
 - (II) THE PROGRAM-MAY INCLUDE:
- 1. APPROVED-IN HOUSE TRAINING AT THE HEALTH-CARE FACILITY: AND
- 2. APPROVED TRAINING PROGRAMS, CLASSES, OR SEMINARS OUTSIDE OF THE FACILITY.