
Judiciary Committee

HB 1642

Title: An act relating to peer review committees and coordinated quality improvement programs.

Brief Description: Modifying medical information exchange and disclosure provisions.

Sponsors: Representatives Morrell, Pflug, Cody, Benson, Schual-Berke, Alexander, Clibborn, Edwards, Moeller and Kenney.

Brief Summary of Bill

- Allows health care coordinated quality improvement programs to share information with other coordinated quality improvement programs.
- Requires information shared between coordinated quality improvement programs to remain confidential and not subject to discovery.
- Allows health care provider groups consisting of at least two providers to maintain coordinated quality improvement programs.

Hearing Date: 2/21/03

Staff: Edie Adams (786-7180).

Background:

Hospitals are required to maintain coordinated quality improvement programs designed to improve the quality of health care services and prevent medical malpractice. Other health institutions and medical facilities, and health provider groups consisting of at least 10 providers, are authorized to maintain coordinated quality improvement programs. Coordinated quality improvement programs maintained by these other entities must be approved by the Department of Health and must comply, or substantially comply, with the statutorily required components of the hospital coordinated quality improvement programs.

Coordinated quality improvement programs are overseen and coordinated by quality improvement committees. The programs must include: a medical staff privileges sanction procedure; periodic review of employee credentials and competency in the delivery of health

care services; a procedure for prompt resolution of patient grievances; collection of information relating to negative outcomes, patient grievances, settlements and awards, and safety improvement activities; and quality improvement education programs.

With some limited exceptions, information and documents created for or collected and maintained by a quality improvement committee are not subject to discovery, not admissible into evidence in any civil action, and are confidential and not subject to public disclosure. A person participating in a meeting of the committee or in the creation or collection of information for the committee may not testify in any civil action regarding the content of the committee proceedings or information created or collected by the committee.

A provision of law immunizes a health care provider who, in good faith, files charges or presents evidence against another provider before a regularly constituted review committee or board of a professional society or hospital on grounds of incompetency or misconduct. The proceedings and records of a review committee or board are not discoverable except in actions relating to the recommendation of the review committee or board involving restriction or revocation of the provider's privileges.

Summary of Bill:

A coordinated quality improvement program may share information created for, and collected and maintained by, a quality improvement committee, a peer review committee or review boards with other coordinated quality improvement programs for the purpose of improving the quality of health care services and preventing medical malpractice. Information shared between coordinated quality improvement programs, and information created or maintained as a result of sharing information, is confidential and not subject to discovery.

Health care provider groups that consist of two or more providers may maintain a coordinated quality improvement program.

Appropriation: None.

Fiscal Note: Not Requested.

Effective Date: The bill takes effect ninety days after adjournment of session in which bill is passed.