

# SENATE BILL REPORT

## SB 5146

---

As Reported By Senate Committee On:  
Health & Long-Term Care, February 10, 2005

**Title:** An act relating to allowing confidential quality improvement committee meetings, proceedings, and deliberations.

**Brief Description:** Allowing quality improvement committee confidentiality.

**Sponsors:** Senators Keiser, Parlette, Kastama and Brandland.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/27/05, 2/10/05 [DPS].

---

### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5146 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Benson, Brandland, Franklin, Kastama, Parlette and Poulsen.

**Staff:** Stephanie Yurcisin (786-7438)

**Background:** State law imposes on all hospitals the same quality improvement requirements and legal safeguards. Quality improvement committee materials are protected from discovery in a civil lawsuit, and people who attend these meetings are generally prohibited from testifying about the meetings. Additionally, the state's Public Records Act exempts quality improvement committee documents from public inspection and copying. However, each hospital quality improvement committee is required to provide at least a semiannual report to the hospital's governing board which must review the quality improvement activities conducted by the committee and any actions taken as a result of those activities.

The requirements are different, though, for board oversight of public hospital districts compared to oversight of nonprofit or for profit health care organizations.

Public hospital districts are municipal corporations that are authorized to own and operate hospitals and other health care facilities and to provide hospital and other health care services for the district residents and other persons. Public hospital commissioners are required to conduct most of their business in public session and are only allowed to discuss one element of quality improvement, provider privileges, in confidential executive session. In contrast, nonprofit or for profit board meetings are not required to be open to the public, so there is no concern for these institutions about waiving their legal safeguards regarding quality improvement.

**Summary of Substitute Bill:** Quality improvement committee meetings for public hospital districts may be confidential and may be conducted at executive session. The board of

commissioners for the public hospital district may, in turn, review and discuss the report or the activities of a quality improvement committee confidentially and in executive session. Any such review by the board will have the same protections as currently apply to quality improvement committee activities.

Final action of the board of commissioners on the report of the quality improvement committee must be done in public session.

**Substitute Bill Compared to Original Bill:** The substitute bill makes a clarification to maintain consistency.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Commissioners need more complete information on quality improvement. Private hospital boards are able to have complete knowledge, while public boards are not able to be fully briefed. This bill would allow them to have complete and confidential information.

**Testimony Against:** The gradual expansion of privacy privileges at public hospitals is not serving the community well. There is a tension between this bill and the commissioners' freedom of speech rights to be able to discuss what happened in a confidential meeting.

**Who Testified:** PRO: Lisa Thatcher, Dick Goldsmith, WA Association of Public Hospital Districts.

CON: Rowland Thompson, Allied Daily Newspapers of Washington.