

SENATE BILL REPORT

SB 6209

As Reported By Senate Committee On:
Health & Long-Term Care, February 4, 2004

Title: An act relating to injuries resulting from health care.

Brief Description: Requiring notification when injuries result from health care.

Sponsors: Senators Thibaudeau, Pflug, Deccio, Prentice, Esser, Winsley, Kline, Keiser and Kohl-Welles.

Brief History:

Committee Activity: Health & Long-Term Care: 1/27/04, 2/4/04 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6209 be substituted therefor, and the substitute bill do pass.

Signed by Senators Deccio, Chair; Winsley, Vice Chair; Brandland, Franklin, Keiser, Parlette and Thibaudeau.

Staff: Tanya Karwaki (786-7447)

Background: Currently, health care providers and facilities are not required to inform patients of adverse incidents after they occur.

Summary of Substitute Bill: Hospitals are required to have policies to assure that, when appropriate, information about unanticipated outcomes is provided to patients, their families, or surrogate decision makers. Notification of unanticipated outcomes does not constitute an acknowledgment or admission of liability, nor can it be introduced as evidence in a civil action.

Beginning January 1, 2005, the Department of Health must ensure that the policy is in place when it performs its annual survey of the hospital.

Substitute Bill Compared to Original Bill: The substitute bill removes a separate requirement that every health care provider inform patients of adverse incidents. It clarifies that hospitals have in place policies to assure that, when appropriate, information about unanticipated outcomes is provided to patients, their families, or surrogate decision makers. Moreover, the substitute adds the requirement that the Department of Health monitor that the policy is in place at hospitals.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: This bill is aimed at providing patients with knowledge about what went wrong. The information cannot be used in malpractice cases. Full disclosure should occur so that patients and their families may have closure. Currently the Department of Health gets to know, but the patient does not.

Testimony Against: Each case is different and would require different providers to come forward. As drafted the bill does not consider a patient's emotional well being. A patient may be suicidal or not want to know. The Joint Commission on Accreditation of Healthcare Organizations already has a policy for hospitals regarding disclosure. Although the concept is good, there is no need for legislation, it is simply good patient care to provide information.

Testimony other: The bill needs clarifying amendments.

Testified: Becky Repp, WACRMS; Ken Bertrand, Group Health (con); Chris Mirisciotta (pro); Ron Weaver, DOH (pro); Judy Massong, WSTLA (pro); Audy Dorn, Medical Assn.; Martha Harden, Superior Court Judges Assn. (concerns).