

FINAL BILL REPORT

ESB 5666

C 301 L 13
Synopsis as Enacted

Brief Description: Concerning health care quality improvement measures.

Sponsors: Senator Dammeier.

Senate Committee on Health Care
House Committee on Judiciary

Background: Hospitals must maintain a coordinated Quality Improvement Program (Program) that includes the following: the establishment of a Quality Improvement Committee to oversee the services rendered in the hospital; a medical staff privileges sanction procedure through which credentials, physical and mental capacity, and competence in delivering health care services are periodically reviewed; the periodic review of the credentials, physical and mental capacity, and competence in delivering health care services of all other persons employed by the hospital; a procedure for the prompt resolution of grievances by patients related to accidents, injuries, and other events related to medical malpractice claims; and the maintenance and collection of information concerning the hospital's experience with negative health care outcomes. Information created specifically for a Program is not subject to disclosure or discovery or introduction into evidence in a civil action.

The federal Health Care Quality Improvement Act (HCQIA) provides immunity from damages for actions taken by a professional review body related to the competence and conduct of a health care practitioner.

Before granting or renewing clinical privileges, a hospital or ambulatory surgical facility must request physicians to provide information on any hospital at which the physician had any association, and if discontinued, the reason for its discontinuation. Information on any medical malpractice action must also be provided. Hospitals or ambulatory surgical facilities supplying this information are not liable in a civil action for the release of this information.

Summary: If immunity from damages under HCQIA does not apply, the only remedies available in a lawsuit by a health care provider for any action taken by a professional peer review body of health care providers, are appropriate injunctive relief and damages for lost earnings directly attributable to the action taken by the professional review body. The requirement that a lawsuit by a health care provider for any action be based on matters not related to the competence or professional conduct of a health care provider is removed.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Health care professional review bodies may establish one or more quality improvement committees. Different committees may be established as a part of a Program to review different health care services. The Program must also include a process conducted in accordance with medical staff bylaws and rules through which professional conduct will be reviewed as part of an evaluation of staff privileges of health care providers. Before granting or renewing clinical privileges, a hospital or ambulatory surgical facility must request a physician to provide the names of health care facilities with which the physician has been associated for the last five years. The facility may request information older than five years and the physician must use the physician's best efforts to comply with the request. The physician must also disclose any adverse action relating to membership in a professional organization.

Votes on Final Passage:

Senate	49	0	
House	96	0	(House amended)
Senate			(Senate refused to concur/ asked House for conference)

Conference Committee:

House	98	0
Senate	47	0

Effective: July 28, 2013.