HOUSE BILL REPORT
ESSB 6210

As Passed House - Amended:
March 3, 2004

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

Brief Description: Modifying medical information exchange and disclosure provisions.

Sponsors: By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Winsley, Thibaudeau and Deccio).

Brief History:
Committee Activity:
Health Care: 2/19/04, 2/26/04 [DPA].
Floor Activity:
Passed House - Amended: 3/3/04, 96-0.

Brief Summary of Engrossed Substitute Bill
(As Amended by House)

- Allows coordinated quality improvement programs and peer review committees of professional societies or hospitals to share information with other programs or peer review committees while maintaining protections from discovery or admissibility into evidence in a civil action.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 12 members: Representatives Cody, Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Alexander, Benson, Campbell, Clibborn, Darneille, Moeller, Rodne, Schual-Berke and Skinner.

Staff: Chris Blake (786-7392).

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.

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. Components of the education programs include quality improvement, patient safety, injury prevention, improved communication with patients, and causes of malpractice claims.

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 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 is immune from civil liability. 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 Amended Bill:

Coordinated quality improvement programs, as well as peer review committees of professional societies or hospitals, may share information and documents created specifically for a quality improvement committee or peer review committee with other coordinated quality improvement programs or peer review committee for the purpose of improving health care services and identifying and preventing medical malpractice. The information shared is confidential and is neither subject to discovery nor admissible in civil proceedings. State and federal privacy laws apply to the sharing of individually identifiable patient information.

Participants in a coordinated quality improvement program that shares information with other programs in good faith and in accordance with confidentiality and disclosure requirements are not liable for any damages resulting from sharing the information. There is a presumption that the sharing of the information is in good faith. The presumption is rebuttable by demonstrating through clear, cogent, and convincing evidence that the information that was shared was knowingly false or deliberately misleading.

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

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: This bill will give different hospitals the opportunity to learn from each other. This bill can reduce medical errors in the health care system.

Testimony Against: None.

Persons Testifying: (In support) Senator Keiser, prime sponsor; Patti Rathbun, Department of Health; Lisa Thatcher, Washington State Hospital Association; and Becky Repp, Washington Health Care Risk Management Society.

(Support with amendments) Mary Lou Powers, Citizen's Health Advocacy Group.

Persons Signed In To Testify But Not Testifying: None.