Bill as Introduced

HB 1390 – AS AMENDED BY THE HOUSE

14feb02...2368h

2001 SESSION

01-2386
01/09

HOUSE BILL ***1390***

AN ACT relative to quality assurance information.

SPONSORS: Rep. Wendelboe, Belk 2

COMMITTEE: Judiciary

ANALYSIS

This bill clarifies the confidentiality of quality assurance information.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand One

AN ACT relative to quality assurance information.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Proceedings of Hospital Committees; Quality Assurance Program; Confidentiality. Amend RSA 151:13-a, II to read as follows:

II. Records of a hospital committee organized to evaluate matters relating to the care and treatment of patients or to reduce morbidity and mortality and testimony by hospital trustees, medical staff, employees, or other committee attendees relating to activities of the quality assurance committee shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding[~~, except that in the case of a legal action brought by a quality assurance committee to revoke or restrict a physician's license or hospital staff privileges, or in a proceeding alleging repetitive malicious action and personal injury brought against a physician, a committee's records shall be discoverable~~]. ***However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:***

(a) A judicial or administrative proceeding brought by a quality assurance committee to revoke or restrict the license or certification of a physician or hospital staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician.

2 Proceedings of Home Health Care Provider Quality Assurance Program; Confidentiality. Amend RSA 151:13-b, II to read as follows:

II. Records of a quality assurance program, including those of its functional components and committees, as defined by the home health care provider's quality assurance plans, and testimony by persons participating in or appearing before the quality assurance program or its functional components or committees, relating to the activities of the quality assurance program shall be

confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, ***information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further***, a program's records shall be discoverable in either of the following cases:

(a) A legal action brought by a home health care provider to revoke or restrict a staff member's license or certification; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a staff member.

3 Proceedings of Quality Assurance Program; Nursing Homes; Confidentiality. Amend RSA 151-A:16, II to read as follows:

II. Records of a nursing home's quality assurance program, including those of its functional components and committees as defined by the nursing home's quality assurance plans, organized to evaluate matters relating to the care and treatment of patients and to improve the quality of care provided and testimony by members on the board of directors of the nursing home, medical and clinical staff, employees, or the committee attendees relating to activities of the quality assurance program shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. ~~[However, in the case of legal action brought by a nursing home, or its quality assurance program, or its board of directors, to revoke or restrict a staff member's license, certification, or nursing home privileges, or in a proceeding alleging repetitive malicious action and personal injury brought against a staff member, a nursing home's records shall be discoverable.]~~ ***However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:***

(a) A judicial or administrative proceeding brought by a nursing home, its

quality assurance program, or its board of directors, to revoke or restrict the license or certification of a staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a staff member.

4 Proceedings of Quality Assurance Program; Ambulatory Surgical Facilities; Confidentiality. Amend RSA 151-D:2, I to read as follows:

I. Records of an ambulatory care clinic's quality assurance program, including those of its functional components and committees as defined by the organization's quality assurance plans, organized to evaluate matters relating to the care and treatment of patients and to improve the quality of care provided, and testimony by members on the board of directors of the ambulatory care clinic, medical and clinical staff, employees, or other committee attendees relating to activities of the quality assurance program shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. ~~[However, in the case of a legal action brought by an ambulatory care clinic, its quality assurance program, or its board of directors, to revoke or restrict a physician's or staff member's license, certification, or ambulatory care clinic privileges, or in a proceeding alleging repetitive malicious action and personal injury brought against a physician, an ambulatory care clinic's record shall be discoverable.]~~ *However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:*

(a) A judicial or administrative proceeding brought by an ambulatory care clinic, its quality assurance program, or its board of directors, to revoke or restrict the license or certification of a physician or staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician.

5 Proceedings of Quality Assurance Program; Community Mental Health Program; Confidentiality. Amend RSA 135-C:63-a, II to read as follows:

II. Except as provided under RSA 135-C:5, II, records of a community mental health program's quality assurance program, including those of its functional components and committees as defined by the organization's quality assurance plans, organized to evaluate matters relating to the care and treatment of patients and to improve the quality of care provided and testimony by

members on the board of directors of the community mental health program, medical and clinical staff, employees, or other committee attendees relating to activities of the quality assurance program shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. [~~However, in the case of a legal action brought by a community mental health program, its quality assurance program, or its board of directors, to revoke or restrict a staff member's license, certification, or community mental health program privileges, or in a proceeding alleging repetitive malicious action and personal injury brought against a staff member, a program's records shall be discoverable.~~] ***However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:***

(a) A judicial or administrative proceeding brought by a community mental health program, its quality assurance program, or its board of directors to revoke or restrict the license or certification of a staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a staff member.

6 Effective Date. This act shall take effect January 1, 2003.

Amendments

Sen. Gordon, Dist. 2
April 9, 2002
2002-3298s
01/09

Amendment to HB 1390

Amend RSA 151:13-a, II(a) and (b) as inserted by section 1 of the bill by replacing it with the following:

(a) A judicial or administrative proceeding brought by a quality assurance committee to revoke or restrict the license, certification, or privileges of a physician or hospital staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician or hospital staff member.

Amend RSA 151-D:2, I(a) and (b) as inserted by section 4 of the bill by replacing it with the following:

(a) A judicial or administrative proceeding brought by an ambulatory care clinic, its quality assurance program, or its board of directors, to revoke or restrict the license, certification, or privileges of a physician or staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician or staff member.

Senate Judiciary
April 17, 2002
2002-3559s
01/09

Amendment to HB 1390

Amend RSA 151:13-a, II(a) and (b) as inserted by section 1 of the bill by replacing it with the following:

(a) A judicial or administrative proceeding brought by a quality assurance committee to revoke or restrict the license, certification, or privileges of a physician or hospital staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician or hospital staff member.

Amend RSA 151-D:2, I(a) and (b) as inserted by section 4 of the bill by replacing it with the following:

(a) A judicial or administrative proceeding brought by an ambulatory care clinic, its quality assurance program, or its board of directors, to revoke or restrict the license, certification, or privileges of a physician or staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician or staff member.

Committee Minutes

Judiciary Committee

Hearing Report

TO: Members of the Senate

FROM: Susan Duncan
Senior Legislative Aide

RE: Hearing report on **HB 1390 – AN ACT relative to quality assurance information.**

HEARING DATE: March 27, 2002

Sponsor: Representative Fran Wendelboe, PRIME

What the bill does: This bill clarifies the confidentiality of quality assurance information.

Who supports the bill:
Representative Wendelboe
NH Heart Association
Mike Hall, NH Trial Lawyers
Gina Balkus, Dartmouth-Hitchcock Hospital
Janet Moynahan, NH Medical Society
Paula Minahan, NH Hospital Assoc.

Who opposes the bill: No one

Summary of testimony received:

- This legislation was filed in order to clarify in statute those who are covered by quality assurance information during discovery.
- A nurse that was called in a lawsuit could not give testimony during discovery about anything they learned as a result of a quality assurance hearing. He or she could be asked regarding anything that they knew first-hand from their work.
- Representative Wendelboe brought the "blurb" from the House Calendar on this bill.
- Senator Fernald asked "why do we need this bill?"

- Representative Wendelboe responded that this is a gray area – that she thought that quality assurance was not off limits.
- This statute makes uniform the standard that has been believed to be the law.
- The language in line 9 should be duplicated in line 21.
- Quality Assurance does not only look at problems but also can look at trends, data within an institution, areas where things are going very well in order to duplicate them elsewhere.

Funding: Not applicable.

Future Action: The Committee took the bill under advisement

sfd
[file: HB 1390 report

Date: Mqrch 27, 2002
Time: 11:00 a.m.
Room: Room 102, LOB

The Senate Committee on Judiciary held a hearing on the following:

HB1390 relative to quality assurance information.

Members of Committee present: Senator Gordon
Senator Pignatelli
Senator Fernald

The Chair, Senator Gordon, opened the hearing on HB1390 by calling on Representative Wendelboe, prime sponsor of the bill, to provide testimony.

Representative Fran Wendelboe: I represent Belknap County District #2 and I am here today before you as prime sponsor of HB 1390, relative to quality assurance information.

This is a very simple bill. In the current law, it talks about protection, confidentiality protection, under quality assurance programs. When this was heard in the House, it was a little bit of a learning curve for the House Judiciary Committee because they normally don't deal with issues of quality assurance. That is more of a Health & Human Services issue. What triggered this legislation was the prior year they had come before the House Health & Human Services Committee to add physicians to those entities covered by quality assurance protection. In the process of the Health & Human Services Committee looking at adding them, there were a number of questions that were brought up as fairness of discovery of information to a patient in this process. It was felt that the area was a little bit gray; that people felt that if quality assurance investigations happened, that none of the information could then be given in court on the situation. For example, if a nurse was brought before quality assurance and she gave testimony, some people felt that that meant that anything she said was then protected from discovery and protected from being able to be subpoenaed for court.

The other concerns the House Health & Human Services Committee had was that there is a self-interest in making sure that they are able to not have

information disclosed and whereas you might have a large group with a hospital or a nursing home for small physician practices, it might be very much in their interests to make sure that quality assurance is more of a cover-up than looking at quality assurance. So, there were parameters put in that language that talked about creating multi-physician review, so a single practice wouldn't sit down with themselves and decide that something was non-disclosurable.

So, at that time we decided that this would be a good thing to extend to the other entities already covered under quality assurance. If you look at the bill, it lists nursing homes, ambulatory surgery centers, mental health practices, and so on.

So, this piece of legislation simply defines, and if you look in the second page, the first section where there is a bold, line 3 of page 2 "information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation."

So, in other words, if you were a nurse that was at some event that happened, you could be compelled to testify as to what you saw, even if that testimony was given subsequently or prior to the court hearing before a quality assurance program. What you could not be compelled to testify to is if you were in that quality assurance hearing and you learned something new that you didn't know before, that as being a part of that quality assurance, you now know that in fact such and such drug was administered wrongly, you could not disclose that because that would have been something that you learned only through the quality assurance program.

I think this protects the patient; that they still have their full rights as far as discovery if they do take a case to civil court. You will see throughout the bill that bold copy keeps being repetitive. It is just repetitive for each entity and is not new additional language all throughout the bill. It is just adding it to the various subsections for nursing and ambulatory surgery centers.

There seems to have been a meeting of the minds from both the hospital association and the trial lawyers association. There were no snags in the House Judiciary Committee. The House Judiciary Committee did send two

people down to testify, but when they saw you were running late and saw that the prime sponsor was here, they didn't need to take up your time. They did leave me with a copy of the blurb from the consent calendar that did pass. It did go on the consent calendar where they talked about their reasoning. I will make that available to the Committee as well, for your records. **(please see "House Calendar Number 13, pages 534-535" attached hereto and referred to as Attachment #1)**

I would be more than happy to answer any questions you might have.

Senator Edward M. Gordon, D. 2: Any questions?

Senator Mark Fernald, D. 11: Just a quick question. Why do we need to do this? What are we trying to accomplish?

Representative Wendelboe: Senator Fernald, there were some thoughts that it didn't state, appeared if you were a nurse, I am just using nurse as an example, and you were brought before a quality assurance program and you were questioned about what happened in an incident, the argument could be made since that testimony had been given at a quality assurance program, that it was...

Senator Mark Fernald, D. 11: It was off limits?

Representative Wendelboe: It was off limits. So, this is just making it very clear that it is not off limits; that that testimony is certainly admissible; that it cannot extend past that.

Senator Edward M. Gordon, D. 2: Senator Fernald?

Senator Mark Fernald, D. 11: On page 1, line 21, at the end of the line, it talks about the certification of a physician or hospital staff member. Then, when you read the next two lines "A proceeding alleging repetitive malicious action and personal injury brought against a physician." Shouldn't we add "or hospital staff member" there?

Representative Wendelboe: I am not really sure, Senator. Rather than answer you without knowing, perhaps there would be somebody coming after me that could answer that.

Senator Mark Fernald, D. 11: Well, for that next person, I have the same question on page 3, line 31. Line 29 says "physician or staff member", but line 31 just says "physician". Whoever that next person is.

Representative Wendelboe: OK.

Senator Mark Fernald, D. 11: I assume we could have a nurse or something that...

Representative Wendelboe: If you look at line 3, you are talking about nursing homes and the next one you are talking about ambulatory surgical facilities. Perhaps the answer might be that that is because of the type of entity. I will leave that for somebody else.

Senator Mark Fernald, D. 11: We are very happy when we see a four-page bill and then realize it is the same change five times.

Representative Wendelboe: I'm glad I pointed that out so you wouldn't have to keep reading it. Thank you, Senators.

Senator Edward M. Gordon, D. I have Janet Monahan from the New Hampshire Medical Society, supporting the bill, but not wishing to testify. Is that correct? And Paula Minnehan signed up in support of the bill, but not wishing to testify on behalf of the Hospital Association. Is that correct? Is there anyone else who wishes to testify on HB 1390?

Mike Hall: I am an attorney and a board member of New Hampshire Trial Lawyers and New Hampshire Trial Lawyers does support this legislation for two reasons. First, it would make uniform the standard to be applied to all health providers that enjoy a so-called quality assurance privilege. Second, it clarifies what many of us believe the law always was, but removes room for argument about whether or not the original sources would become privileged merely because they passed through the quality assurance process. I don't believe that ever was the intent, but it was an argument that was sometimes made and I think it is an improvement to clarify that that is not the intent.

Senator Edward M. Gordon, D. 2: Any questions? In essence, there was some concern that health care providers might use this quality assurance program as a way of shielding discovery?

Attorney Hall: Correct.

Senator Edward M. Gordon, D. 2: The way this is set up right now, you could have quality assurance and basically come to the conclusion that somebody screwed up, but really what is discoverable is not conclusion, but the sources themselves?

Attorney Hall: Right. Thank you.

Senator Edward M. Gordon, D. 2: Is there anyone else who wishes to testify on HB 1390?

Senator Mark Fernald, D. 11: Can I ask if anyone has an opinion on adding a couple of words that I wanted to add on pages 1 and 3?

Gina Balkus: Director of Government Relations for Dartmouth-Hitchcock representing Dartmouth-Hitchcock Medical Center and the Dartmouth-Hitchcock Clinic community practices throughout New Hampshire.

One thing that I just noticed when you were asking questions is lines 7 through 10 basically are deleted from that section and moved down to lines 20 through 23 (a) and (b). But, what I have realized is that the language is not exactly the same and I do think it should be exactly the same. If you look at line 9 where it says "physicians" we are talking about a QA committee's ability to revoke or restrict a physician's license or hospital staff privileges. Down below it says, "restrict the license or certification of a physician". Generally, what a QA committee would do if, in fact, some situations they might restrict the physician's privileges. There is no "certification" in a hospital setting. When we credential physicians to our medical staff, we credential them to perform within their scope of practice. If they are obstetricians, we credential them to care for pregnant women and deliver babies and perform C-sections. So, it is a credentialling process. I guess I just feel that the language in line 9 should be duplicated in line 21.

Now, in terms of your question, Senator Fernald, in section (b) where it says "brought a physician" and you have said "or a hospital staff member", I don't see any problem with adding "or hospital staff member". It seems to me it makes it consistent.

Senator Edward M. Gordon, D. 2: Senator Fernald?

Senator Mark Fernald, D. 11: That's alright. I am doing the same thing you are. I am trying to figure out what words we change in line 20.

Ms. Balkus: Just the word "certification". It should say "or hospital staff privileges". That's what the intent was, to simply move lines 8, 9 and 10 down to line 20 through 22.

Senator Mark Fernald, D. 11: To revoke or restrict the license or hospital staff privileges of physician?

Ms. Balkus: Or hospital staff members. What is in here.

Senator Edward M. Gordon, D. 2: It seemed to me that maybe the Committee, I don't want to speak for the House, recognizing that some hospital staff may be certified as opposed to licensed. CNAs, whatever else. What they are doing is saying restrict the license or certification of a physician or hospital staff member, and that license or certification applying to both.

Mr. Balkus: From an internal perspective, it is not the hospital that restricts the license or certification. It is the licensing board that does that. But, a hospital may restrict the privileges of a licensed health care professional to practice in a certain way in their institutional setting. And that is why the staff privileges in line 9 I thought should probably be carried down. Just so you understand that there are intricacies to this. The intent, I believe, was to simply duplicate what was up above down below.

Senator Mark Fernald, D. 11: Do the QA committees at times, are there complaints or issues involving non-doctor staff that are reviewed?

Ms. Balkus: Yes. And, I think it is important, just so the Committee understands, a quality assurance committee within an institutional setting doesn't just look at problems. That is not their purpose. Their purpose is to continually assure the quality within an institutional setting. So, they also look at data trends that actually may show in fact that the care is quite good or certain data trends show improvements in care. I just want you to understand the large scope of a QA committee. It is not simply, "Oh, there is a problem. We have got to see what the problem was." They are always looking at trends and data with an institution to determine ways that they can learn something in one institutional setting and translate it to another department or something like that.

Senator Edward M. Gordon, D. 2: So, if we were to say, "a judicial or administrative proceeding was brought by a quality assurance committee to revoke or restrict the license, certification or privileges of a physician or hospital staff member", would that do it?

Ms. Balkus: I think that would do it.

Senator Mark Fernald, D. 11: Are there are times when a QA committee, because it says a judicial proceeding, are there are times when a QA committee will go outside the hospital to bring a proceeding against the doctor saying this doctor's license should be revoked?

Mr. Balkus: There are times when a QA committee might provide information to the Board of Medicine relative to something that they have discovered. That does occur. But, I really can't answer any further because I am not an attorney familiar with that sort of activity.

Senator Edward M. Gordon, D. 2: Is there anyone else who wishes to testify on HB 1390? Seeing no one, I will declare the hearing closed.

Hearing concluded at 11:50 a.m.

Respectfully submitted,

L. Gail Brown
Senate Secretary

1 Attachment

ATTACHMENT #1

House Calendar Number 13, pages 534-535.

HOUSE JUDICIARY COMMITTEE

HB 1390, relative to quality assurance information **OUGHT TO PASS WITH AMENDMENT**

Rep. James W. Craig for Judiciary: This bill is a means of correcting an imbalance that has developed between a patient's right to his or her medical records and the need for confidentiality of the proceedings of hospital quality assurance program records. In civil cases, some patient records are currently shielded from discovery by hospitals by cloaking them in the confidentiality afforded proceedings of a quality assurance program, even if those records were otherwise discoverable. This bill provides that a hospital can no longer shield patient records merely because they have been presented to a quality assurance program. However, testimony taken in conjunction with a quality assurance program will remain confidential. The bill allows patients access to their records while protecting a hospital's legitimate need to evaluate and investigate its prices, procedures and staff through quality assurance programs. **Vote 17-0.**

Speakers

HB 1390 An Act relative to quality assurance information

SENATE JUDICIARY COMMITTEE

Date 03/27/02 **Time** 11:00 a.m. **Public Hearing on HB 1390**

Appearing in **FAVOR**: *(Please print)* *Please check box at left to speak.*

Speaking?	*Name*	*Address*	*Representing*
☐	Janet Monahan	7. N. State St. Concord, NH	NH Medical Society
☐	Paula Minnehan	125 Airport Rd Concord	NHHA
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Appearing in **OPPOSITION**: *(Please Print)* *Please check box at left to speak.*

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Voting Sheets

3/27/02

Senate Judiciary Committee

EXECUTIVE SESSION

Bill # HB 1390

Hearing date: 4/17/02 **Room:** LOB 102

Motion of: _____

OTP/A

Made by Senator:			***Seconded by Senator:***		
	Gordon	☐		Gordon	☐
	Pignatelli	☐		Pignatelli	☐
	Prescott	☐		Prescott	☐
	Roberge	☐		Roberge	☑
	Fernald	☑		Fernald	☐

4-0

Committee Member	***Present***	***Vote***	***Reported out by***
Senator N. Gordon, Chairman	☑		
Senator D. Pignatelli, Vice-Chair	☑		
Senator R. Prescott	☐		
Senator S. Roberge	☑		
Senator M. Fernald	☑		✓

***Amendments:**

NOTES: Gordon Amendment 3298

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: {Type FLOOR DATE}

THE COMMITTEE ON Judiciary

to which was referred House Bill 1390

AN ACT relative to quality assurance information.

VOTE: 4-0

2002- 3559s

Having considered the same, report the same with the following amendment and recommend that the bill: **AS AMENDED OUGHT TO PASS.**

Senator Mark Fernald
For the Committee

CONSENT CALENDAR

Judiciary

HB 1390, relative to quality assurance information **OUGHT TO PASS WITH AMENDMENT**

Rep. James W. Craig for Judiciary: This bill is a means of correcting an imbalance that has developed between a patient's right to his or her medical records and the need for confidentiality of the proceedings of hospital quality assurance program records. In civil cases, some patient records are currently shielded from discovery by hospitals by cloaking them in the confidentiality afforded proceedings of a quality assurance program, even if those records were otherwise discoverable. This bill provides that a hospital can no longer shield patient records merely because they have been presented to a quality assurance program. However, testimony taken in conjunction with a quality assurance program will remain confidential. The bill allows patients access to their records while protecting a hospital's legitimate need to evaluate and investigate its prices, procedures and staff through quality assurance programs. **Vote 17-0.**

|HB1390 Docket

Next|Prev|Results List|Main|Bill Status

Bill Title: relative to quality assurance information.

Date	Body	Description
12/12/2001	**H**	Introduced and ref to Judiciary; HJ78, p2017
12/14/2001	**H**	Copy to Chairman on 12/18/2001 Report due on 2/21/2002
12/14/2001	**H**	Hearing Jan 29 10:00 RM208,LOB
2/6/2002	**H**	Maj Report OTP/AM for Feb 14 (vote 17-0;CC)
2/6/2002	**H**	Prop Comm Am{2368}; HC13, p534-535
2/14/2002	**H**	Passed with Am; HJ20, p762 + 821
2/20/2002	**S**	Introduced and Ref. to Judiciary; SJ 6, Pg.172
3/12/2002	**S**	Hearing; March 27, 2002, Room 102, LOB, 11:00 a.m.; SC16
4/17/2002	**S**	Committee Report; Ought to Pass with Amendment {3559}, [04/18/02]
4/18/2002	**S**	Ought to Pass with Amendment [3559}, AA, VV; OT3rdg, MA, VV
4/25/2002	**H**	House Conc with Sen Am, Rep Mock MA VV;

Next|Prev|Results List|Main|Bill Status

Docket Abbreviations