

SUBJECT: Broadening definition of medical committee

COMMITTEE: Public Health — favorable, without amendments

VOTE: 5 ayes — Berlanga, Hirschi, Glaze, Janek, Maxey
0 nays
3 absent — Coleman, Davila, Delisi

WITNESSES: For — Mark Easterly, Baylor Health Care System
Against — None

BACKGROUND : The Health and Safety Code, chapter 161, subchapter D, allows certain medical committees to keep confidential their records and proceedings which are not subject to court subpoena. The records and proceedings may be used only in the exercise of proper committee functions and the confidentiality privilege does not apply to records made or maintained in the regular course of business.

The term “medical committee” under this section refers to any committee, including a joint committee, of a hospital, medical organization, university medical school, health maintenance organization or extended care facility.

DIGEST: HB 2673 would amend subchapter D to add to the medical committee confidentiality privilege committees, including joint committees, of one or more health care systems, if each health care system included one or more of the entities already listed in the law.

The bill would take effect immediately if finally approved by a two-thirds record vote of the membership in each house.

SUPPORTERS SAY: HB 2673 would update the law to reflect the evolving trend toward multi-facility and multi-service health care delivery systems and allow protected medical committees, called peer review committees, that meet to review and protect patient care to include a committee of one or more health care systems.

Current law allows only specified health care entities to form committees whose records and proceedings are protected from court subpoena and public disclosure, but the law does not specifically authorize a committee formed by a health care system that may be comprised of one or more of such facilities.

One or more health systems may have to meet in confidential medical committees to discuss patient protocols, the practice of certain doctors, or certain infection control procedures or incidences that may be common to several systems in an area. Confidential discussion is essential in allowing the practitioners to be candid about health care problems and practices, and to formulate necessary health practice modifications, which improves the delivery of health care for all patients.

Discussions among health care systems would have to be medical in nature in order to receive confidentiality protections; any discussion that would involve competitive economic strategies would be considered business proceedings, and business records and proceedings and not protected under this subchapter.

**OPPONENTS
SAY:**

Allowing more than one health care system to form a committee whose records and proceedings are confidential may be abused by some systems and provide a basis for the discussion and sharing of anti-competitive marketplace strategies and information.