

BILL ANALYSIS

Senate Research Center
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S.B. 1029
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Health & Human Services
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DIGEST AND PURPOSE

Currently, the governing body of certain health organizations can receive records in closed session and make those records confidential and not subject to court subpoena. The current statute does not make confidential those records that are kept by a compliance officer in the regular course of business in the exercise of functions specified by the Office of Inspector General of the United States Health and Human Services Department. As proposed, S.B. 1029 enlarges the scope of confidentiality provisions to include records kept by a compliance officer of certain health organizations.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 161.032, Health and Safety Code, as follows:

Sec. 161.032. RECORDS AND PROCEEDINGS CONFIDENTIAL. (a) Provides that the records and proceedings of a medical committee and the records, information, and reports of a compliance officer of a hospital, hospital district, hospital authority, health maintenance organization, medical organization, or university medical center or health science center are confidential and are not subject to court subpoena.

(b) A proceeding of a medical peer review committee, as defined by Section 151.002 (Definitions), Occupations Code, or medical committee, or a meeting of the governing body of a public hospital, hospital district, hospital authority, or health maintenance organization of a hospital district at which the governing body receives records, information, or reports provided by a medical committee or medical peer review committee, or at which the governing body receives records, information, and reports of a compliance officer is not subject to Chapter 551 (Open Meetings), Government Code. Deletes language regarding the Medical Practice Act.

(c) Provides that records, information, and reports of a compliance officer provided to the chief executive officer or governing body of a public hospital, hospital district, hospital authority, or health maintenance organization of a hospital district are not subject to disclosure under Chapter 552 (Public Information), Government Code. Makes conforming changes.

(d) Provides that the records and proceedings of a medical committee may be used by the committee and the committee members only in the exercise of proper committee functions.

(e) Provides that the records, information, and reports received and maintained by a compliance officer retain the protection provided by this section only if the records,

information, and reports are received and maintained in the exercise of a proper function of the compliance officer as provided by the office of the Inspector General of the United States Health and Human Services Department.

(f) Provides that except as provided by Subsection (g), this section and Chapter 160A (Requirements Relating to Medical Peer Review) Occupations Code, do not apply to records made or maintained in the regular course of business by a hospital, health maintenance organization, medical organization, university medical center or health science center, hospital district, hospital authority, or extended care facility. Deletes language regarding the Medical Practice Act.

(g) Provides that this section applies to records, information, and reports of a compliance officer of a hospital, hospital district, hospital authority, health maintenance organization, medical organization, or university medical center or health science center whether or not the records, information, and reports are maintained in the regular course of business.

SECTION 2. Amends the heading to Chapter 161D, Health and Safety Code, to read as follows:

SUBCHAPTER D. MEDICAL COMMITTEES, MEDICAL
PEER REVIEW COMMITTEES, AND COMPLIANCE OFFICERS

SECTION 3. Effective date: September 1, 2001.