

HOUSE BILL NO. 545

INTRODUCED BY A. OLSZEWSKI

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A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATING TO HEALTH CARE PROFESSIONAL REVIEW COMMITTEES; PROVIDING A DEFINITION OF A PEER REVIEW COMMITTEE; PROVIDING THAT CERTAIN PHYSICIANS MAY BE INCLUDED AS MEMBERS OF A PEER REVIEW COMMITTEE; AND AMENDING SECTION 50-16-201, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-16-201, MCA, is amended to read:

"50-16-201. Definitions. As used in this part, the following definitions apply:

(1) "Critical access hospital" has the meaning provided in 50-5-101.

~~(1)~~(2) (a) "Data" means written reports, notes, or records or oral reports or proceedings created by or at the request of a utilization review, peer review, medical ethics review, quality assurance, or quality improvement committee of a health care facility that may be shared with a medical practitioner, including the medical practitioner being reviewed, and that are used exclusively in connection with quality assessment or improvement activities, including the professional training, supervision, or discipline of a medical practitioner by a health care facility. The term includes all subsequent evaluations and analysis of an untoward event, including any opinions or conclusions of a reviewer.

(b) The term does not include:

(i) incident reports or occurrence reports; or

(ii) health care information that is used in whole or in part to make decisions about an individual who is the subject of the health care information.

~~(2)~~(3) "Health care facility" has the meaning provided in 50-5-101.

(4) "Hospital" has the meaning provided in 50-5-101.

~~(3)~~(5) (a) "Incident report" or "occurrence report" means a written business record of a health care facility that:

(i) may be but is not required to be created by the staff involved in response to an untoward event, such as a patient injury, adverse outcome, or interventional error, for the purpose of ensuring a prompt evaluation of

1 the event; and

2 (ii) is a factual rendition of the event.

3 (b) The terms do not include any subsequent evaluation of the event created by or at the request of a
4 utilization review, peer review, medical ethics review, quality assurance, or quality improvement committee,
5 regardless of whether or not the subsequent evaluation of the event occurred in response to an incident report
6 or occurrence report. The creation of an incident report or occurrence report is not a condition precedent for a
7 subsequent evaluation of an event, and any subsequent evaluation of an event remains privileged and
8 confidential pursuant to this part, regardless of the creation of an incident report or occurrence report.

9 ~~(4)~~(6) "Medical practitioner" means an individual licensed by the state of Montana to engage in the
10 practice of medicine, osteopathy, podiatry, optometry, or a nursing specialty described in 37-8-202 or licensed
11 as a physician assistant pursuant to 37-20-203.

12 (7) "Peer review committee" means a committee of a health care facility, the governing board or a
13 committee of the governing board of a health care facility, or a committee of the medical staff of a health care
14 facility that operates under written bylaws approved by the governing board of the health care facility and is
15 authorized to conduct professional review activity, including the evaluation of the quality of medical and health
16 care services or the competence of medical practitioners. A peer review committee of a hospital or critical access
17 hospital formed for the purpose of peer review activity relating to a physician practicing in a medical subspecialty
18 may include in its membership, without limitation, physicians who are certified in the same medical subspecialty
19 by a member board of the American board of medical specialties and who practice at another hospital or critical
20 access hospital licensed by the department of public health and human services.

21 (8) "Physician" has the meaning provided in 37-3-102."

22 - END -