HOUSE BILL 1265

J1, J3, D3


Introduced and read first time: February 8, 2013
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Patient Safety Early Intervention Programs

FOR the purpose of authorizing hospitals, related institutions, and certain insurers to establish patient safety early intervention programs; requiring patient safety early intervention programs to provide for timely review of certain reports of adverse events for a certain purpose; requiring patient safety early intervention programs to have a process to engage in certain activities within a reasonable time after the occurrence of certain adverse events under certain circumstances; prohibiting the use of certain statements made during certain discussions held in accordance with certain patient safety early intervention programs as evidence of liability or as evidence of an admission against interest in certain actions and proceedings; defining certain terms; and generally relating to patient safety early intervention programs and the admissibility of evidence.

BY adding to
Article – Courts and Judicial Proceedings
Section 10–920.1
Annotated Code of Maryland
(2006 Replacement Volume and 2012 Supplement)

BY adding to
Article – Health – General
Section 19–304.1
Annotated Code of Maryland
(2009 Replacement Volume and 2012 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Courts and Judicial Proceedings

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
10–920.1.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “PATIENT SAFETY EARLY INTERVENTION PROGRAM” MEANS A PROGRAM THAT MEETS THE REQUIREMENTS OF § 19–304.1(C) OF THE HEALTH – GENERAL ARTICLE.

(3) “STATEMENT” HAS THE MEANING STATED IN MARYLAND RULE 5–801.

(B) IN A PROCEEDING SUBJECT TO TITLE 3, SUBTITLE 2A OF THIS ARTICLE OR A CIVIL ACTION AGAINST A HEALTH CARE PROVIDER, A STATEMENT MADE BY A PARTY DURING A DISCUSSION HELD IN ACCORDANCE WITH A PATIENT SAFETY EARLY INTERVENTION PROGRAM IS INADMISSIBLE AS EVIDENCE OF AN ADMISSION OF LIABILITY OR AS EVIDENCE OF AN ADMISSION AGAINST INTEREST.

Article – Health – General

19–304.1.

(A) (1) IN THIS SECTION, “ADVERSE EVENT” MEANS AN UNEXPECTED OCCURRENCE THAT RELATES TO A PATIENT’S MEDICAL TREATMENT.

(2) “ADVERSE EVENT” DOES NOT INCLUDE AN UNEXPECTED OCCURRENCE THAT IS RELATED TO THE NATURAL COURSE OF A PATIENT’S ILLNESS OR UNDERLYING DISEASE CONDITION.

(B) A HOSPITAL, A RELATED INSTITUTION, OR AN INSURER THAT PROVIDES PROFESSIONAL LIABILITY INSURANCE TO A HEALTH CARE PROVIDER IN THE STATE MAY ESTABLISH A PATIENT SAFETY EARLY INTERVENTION PROGRAM.

(C) A PATIENT SAFETY EARLY INTERVENTION PROGRAM ESTABLISHED UNDER THIS SECTION:

(1) SHALL PROVIDE FOR TIMELY REVIEW OF ALL REPORTS OF ADVERSE EVENTS TO DETERMINE IF HARM TO A PATIENT HAS OCCURRED; AND

(2) IF IT IS DETERMINED AFTER AN INVESTIGATION OF AN ADVERSE EVENT THAT CARE PROVIDED TO A PATIENT DEVIATED FROM THE
ACCEPTED STANDARD OF CARE, SHALL HAVE A PROCESS TO ENGAGE IN THE
FOLLOWING TYPES OF ACTIVITIES WITHIN A REASONABLE TIME AFTER THE
OCCURRENCE OF THE ADVERSE EVENT:

(I) OBTAINING INPUT ABOUT THE ADVERSE EVENT FROM
THE PATIENT OR THE PATIENT’S FAMILY;

(II) DISCLOSING TO THE PATIENT AND, IF APPROPRIATE,
THE PATIENT’S FAMILY THE RESULTS AND FINDINGS OF THE INVESTIGATION;

(III) APOLOGIZING TO THE PATIENT FOR THE CARE
PROVIDED TO THE PATIENT;

(IV) WORKING WITH THE PATIENT OR THE PATIENT’S LEGAL
REPRESENTATIVE TO PROVIDE APPROPRIATE AND REASONABLE
COMPENSATION; AND

(V) ALLOWING THE PATIENT AND, IF APPROPRIATE, THE
PATIENT’S FAMILY TO PARTICIPATE IN EFFORTS TO IDENTIFY AND IMPLEMENT
SYSTEM IMPROVEMENTS DESIGNED TO PREVENT A RECURRANCE OF THE
ADVERSE EVENT.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
October 1, 2013.