

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 504 Session of  
1991

INTRODUCED BY DeLUCA, SALOOM, ROBINSON, DALEY, WILLIAMS, TRELLO,  
KOSINSKI, RICHARDSON, VEON, JAMES AND BISHOP, MARCH 11, 1991

REFERRED TO COMMITTEE ON HEALTH AND WELFARE, MARCH 11, 1991

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An  
2 act relating to health care; prescribing the powers and  
3 duties of the Department of Health; establishing and  
4 providing the powers and duties of the State Health  
5 Coordinating Council, health systems agencies and Health Care  
6 Policy Board in the Department of Health, and State Health  
7 Facility Hearing Board in the Department of Justice;  
8 providing for certification of need of health care providers  
9 and prescribing penalties," reducing the time permitted for  
10 hospitals to report official actions taken against a  
11 physician; and broadening the reporting procedures of  
12 hospitals and health care agencies.

13 The General Assembly of the Commonwealth of Pennsylvania  
14 hereby enacts as follows:

15 Section 1. Section 806.1 of the act of July 19, 1979  
16 (P.L.130, No.48), known as the Health Care Facilities Act, added  
17 July 10, 1985 (P.L.191, No.48), is amended to read:

18 Section 806.1. Reporting incidents of professional misconduct.

19 (a) Reports required.--Health care facilities and hospitals,  
20 licensed under this act, shall make a report or cause a report  
21 to be made to the State Board of [Medical Education and  
22 Licensure] Medicine or the State Board of Osteopathic  
23 [Examiners] Medicine, whichever is applicable, within [60] 30

1 days of the occurrence of any of the following:

2 (1) The termination or curtailment of the employment,  
3 association or professional privileges of a physician,  
4 licensed under the provisions of the [act of July 20, 1974  
5 (P.L.551, No.190), known as the "Medical Practice Act of  
6 1974," or the] act of October 5, 1978 (P.L.1109, No.261),  
7 known as the "Osteopathic Medical Practice Act," or the act  
8 of December 20, 1985 (P.L.457, No.112), known as the "Medical  
9 Practice Act of 1985," whichever the case may be, with a  
10 health care facility or hospital where there exists  
11 reasonable cause to believe malpractice or misconduct has  
12 occurred.

13 (2) The resignation or withdrawal of association or of  
14 privileges with a facility or hospital to avoid the  
15 imposition of disciplinary measures.

16 (3) The receipt of written information which establishes  
17 that any physician who has a right to practice or who has  
18 applied to practice at the health care facility or hospital  
19 has been convicted of a felony[.] or drug and alcohol related  
20 offense.

21 (4) Any officially documented reprimand which a hospital  
22 or other health care facility administers to a physician,  
23 under a due process peer review system. Such official  
24 reprimands shall include but not be limited to, any action  
25 which results in a loss of a physician's professional or  
26 occupational privileges at the hospital or other health care  
27 facility and may include, but not be limited to, dismissals,  
28 forced resignations, suspensions and probationary terms.

29 (5) The receipt of any written information that a  
30 physician has had privileges restricted or has been

1 dismissed, forced to resign or has been suspended from any  
2 professional association or organization.

3 (b) Contents.--Reports made pursuant to this section shall  
4 be made in writing to the State Board of [Medical Education and  
5 Licensure] Medicine or the State Board of Osteopathic

6 [Examiners] Medicine, whichever is appropriate, with respect to  
7 any physician as licensed under acts referred to in subsection

8 (a). Written reports shall include the following information:

9 name, address, profession and license number of the person

10 involved, a description of the action taken by the facility or

11 hospital, including the reason therefor and date thereof, or the

12 nature of the action or conduct which led to the resignation or

13 withdrawal and the date thereof, any conviction of a felony of

14 which the facility or hospital has received the written

15 information required by subsection (a)(3) and such other

16 information as the Department of State may require.

17 (c) Confidentiality.--

18 (1) Any report or information furnished to the boards in  
19 question, in accordance with the provisions of this section,  
20 shall be deemed a confidential communication and shall not be  
21 subject to inspection or disclosure, in any manner, except  
22 upon formal written request by a duly authorized public  
23 agency or pursuant to a judicial subpoena issued in a pending  
24 action or proceeding.

25 (2) Any person, facility or corporation which makes a  
26 report pursuant to this section in good faith and without  
27 malice shall have immunity from any liability, civil or  
28 criminal, for having made such a report. For the purpose of  
29 any proceeding, civil or criminal, the good faith of any  
30 person required to make a report shall be presumed.

1     (d) Penalties, recordkeeping; notice.--Any hospital or other  
2 health care facility which fails to report the information  
3 required by this section shall be fined an amount not to exceed  
4 \$10,000. The State Board of Medicine and the State Board of  
5 Osteopathic Medicine shall compile all reports received from  
6 hospitals or other health care facilities and keep such records  
7 on file for future reference. The State Board of Medicine and  
8 the State Board of Osteopathic Medicine shall make public all  
9 final actions against a physician and the result of such  
10 actions, including dismissals, forced resignations, suspensions  
11 and all other official reprimands taken against the privileges  
12 of the physician which are in effect for more than ten days.  
13 Notice of enforcement undertaken pursuant to the provisions of  
14 this act shall be forwarded to the Health Care Cost Containment  
15 Council. All hospitals and health care facilities shall keep  
16 records of all investigations and inquiries by peer review  
17 committees concerning abuse by a physician or physicians. Such  
18 records shall be kept regardless of the outcome of the  
19 investigations or inquiries and made available upon request by  
20 the State Board of Medicine and the State Board of Osteopathic  
21 Medicine.

22     Section 2. This act shall take effect in 60 days.