

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO.

House Bill 84

PRINTER'S NO.

1955

AMOUNT

No Significant Fiscal Impact

FUND

General

DATE INTRODUCED

Jan. 28, 2009

PRIME SPONSOR

Representative DeLuca

HISTORY OF BILL

Referred to INSURANCE, Jan. 28, 2009

Reported as committed, Feb. 4, 2009

First consideration, Feb. 4, 2009

Laid on the table, Feb. 4, 2009

Removed from the table, Feb. 5, 2009

Re-committed to APPROPRIATIONS, Feb. 5, 2009

Re-reported as committed, March 31, 2009

Second consideration, with amendments, March 31, 2009

(Remarks see House Journal Page), March 31, 2009

Third consideration and final passage, April 1, 2009 (192-0)

IN THE SENATE

Referred to BANKING & INSURANCE, April 2, 2009

Reported as committed, May 5, 2009

First consideration, May 5, 2009

Re-referred to APPROPRIATIONS, May 6, 2009

Re-reported as amended, June 1, 2009

DESCRIPTION AND PURPOSE OF BILL

House Bill 84 establishes a free standing act known as the "Preventable Serious Adverse Events Act". The bill prohibits healthcare providers from knowingly seeking payment for preventable serious adverse events or services required to correct or treat problems associated with the event.

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A preventable serious adverse event is defined as “an event that is within the health care facility’s control to avoid, but that occurs because of an error or system failure, and results in a patient’s death, loss of body part, disfigurement, disability or loss of bodily function lasting more than seven days or is still present at the time of discharge from a health care facility...”

The Department of Health is responsible for investigating patient complaints regarding health care facilities. The Department of State is responsible for investigating patient complaints regarding a health care provider that is not a health care facility. “Nothing in HB 84 requires the Department of Public Welfare to change its payment policy.”

FISCAL IMPACT

The enactment of this legislation will have no significant fiscal impact to the Commonwealth. Any costs to the Department of Health or Department of State associated with oversight, review, investigations, and regulatory purposes would be minimal and absorbed within existing operating appropriations.