HOUSE BILL No. 2705

By Committee on Judiciary

2-7

AN ACT concerning health care providers; relating to peer review; privileged information; amending K.S.A. 65-4925 and K.S.A. 2017 Supp. 65-4915 and repealing the existing sections.

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Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2017 Supp. 65-4915 is hereby amended to read as follows: 65-4915. (a) As used in this section:

- (1) "Health care provider" means: (A) Those persons and entities defined as a health care provider under K.S.A. 40-3401, and amendments thereto; and (B) a dentist licensed by the Kansas dental board, a dental hygienist licensed by the Kansas dental board, a professional nurse licensed by the board of nursing, a practical nurse licensed by the board of nursing, a mental health technician licensed by the board of nursing, a physical therapist licensed by the state board of healing arts, a physical therapist assistant certified by the state board of healing arts, an occupational therapy assistant licensed by the state board of healing arts, a respiratory therapist licensed by the state board of healing arts, a physician assistant licensed by the state board of healing arts, a physician assistant licensed by the state board of healing arts and attendants and ambulance services certified by the emergency medical services board.
 - (2) "Health care provider group" means:
- (A) A state or local association of health care providers or one or more committees thereof;
- (B) the board of governors created under K.S.A. 40-3403, and amendments thereto;
- (C) an organization of health care providers formed pursuant to state or federal law and authorized to evaluate medical and health care services;
- (D) a review committee operating pursuant to K.S.A. 65-2840c, and amendments thereto;
- (E) an organized medical staff of a licensed medical care facility as defined by K.S.A. 65-425, and amendments thereto, an organized medical staff of a private psychiatric hospital licensed under K.S.A. 75-3307b, and amendments thereto, or an organized medical staff of a state psychiatric hospital or state institution for people with intellectual disability, as follows: Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and

1 training center;

- (F) a health care provider;
- (G) a professional society of health care providers or one or more committees thereof:
- (H) a Kansas corporation whose stockholders or members are health care providers or an association of health care providers, which corporation evaluates medical and health care services;
- (I) an insurance company, health maintenance organization or administrator of a health benefits plan which engages in any of the functions defined as peer review under this section; or
 - (J) the university of Kansas medical center.
 - (3) "Peer review" means any of the following functions:
- (A) Evaluate and improve the quality of health care services rendered by health care providers;
- (B) determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care;
- (C) determine that the cost of health care rendered was considered reasonable by the providers of professional health services in this area;
- (D) evaluate the qualifications, competence and performance of the providers of health care or to act upon matters relating to the discipline of any individual provider of health care;
 - (E) reduce morbidity or mortality;
- (F) establish and enforce guidelines designed to keep within reasonable bounds the cost of health care;
 - (G) conduct of research:
 - (H) determine if a hospital's facilities are being properly utilized;
- (I) supervise, discipline, admit, determine privileges or control members of a hospital's medical staff;
- (J) review the professional qualifications or activities of health care providers;
 - (K) evaluate the quantity, quality and timeliness of health care services rendered to patients in the facility;
 - (L) evaluate, review or improve methods, procedures or treatments being utilized by the medical care facility or by health care providers in a facility rendering health care.
 - (4) "Peer review officer or committee" means:
- (A) An individual employed, designated or appointed by, or a committee of or employed, designated or appointed by, a health care provider group and authorized to perform peer review; or
- (B) a health care provider monitoring the delivery of health care at correctional institutions under the jurisdiction of the secretary of corrections.

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(b) Except as provided by K.S.A. 60-437, and amendments thereto, and by subsections (c)-and (d), (e), (f) and (g), the reports, statements, witness testimony, affidavits, memoranda, proceedings, findings and other information, records or data submitted to, considered by, or generated by peer review committees or officers, whether oral or written, shall be privileged and shall not be disclosed to any person or entity or be admissible in any civil action, administrative proceeding or disciplinary board of this state. Subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity or be admissible in evidence in any judicial or administrative proceeding. Information contained in such records shall not be discoverable or admissible at trial in the form of testimony by an individual who participated in the peer review process. The peer review officer or committee creating or initially receiving the record is the holder of the privilege established by this section. This privilege may be claimed by the legal entity creating the peer review committee or officer, or by the commissioner of insurance for any records or proceedings of the board of governors.

(c) Subsection (b) shall not apply to proceedings in which a health care provider contests the revocation, denial, restriction or termination of staff privileges or the license, registration, certification or other authorization to practice of the health care provider. A licensing agency in conducting a disciplinary proceeding in which admission of any peer review committee report, record or testimony is proposed shall hold the hearing in closed session when any such report, record or testimony is disclosed. Unless otherwise provided by law, a licensing agency conducting a disciplinary proceeding may close only that portion of the hearing in which disclosure of a report or record privileged under this section is proposed. In closing a portion of a hearing as provided by this section, the presiding officer may exclude any person from the hearing location except the licensee, the licensee's attorney, the agency's attorney, the witness, the court reporter and appropriate staff support for either counsel. The licensing agency shall make the portions of the agency record in which such report or record is disclosed subject to a protective order prohibiting further disclosure of such report or record. Except as provided in subsections (d) and (e), such report or record shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity. Except as provided in subsections (d) and (e), no person in attendance at a closed portion of a disciplinary proceeding shall at a subsequent civil, criminal or administrative hearing, be required to testify regarding the existence or content of a report or record privileged under this section which was disclosed in a closed portion of a hearing, nor shall such testimony be admitted into evidence in any subsequent civil, criminal or administrative hearing. A licensing agency conducting a

disciplinary proceeding may review peer review committee records, testimony or reports but must prove its findings with independently obtained testimony or records which shall be presented as part of the disciplinary proceeding in open meeting of the licensing agency. Offering such testimony or records in an open public hearing shall not be deemed a waiver of the peer review privilege relating to any peer review committee testimony, records or report.

- (d) Nothing in this section shall limit the authority, which may otherwise be provided by law, of the commissioner of insurance, the state board of healing arts or other health care provider licensing or disciplinary boards of this state to require a peer review committee or officer to report to it any disciplinary action or recommendation of such committee or officer; to transfer to it records of such committee's or officer's proceedings or actions to restrict or revoke the license, registration, certification or other authorization to practice of a health care provider; or to terminate the liability of the fund for all claims against a specific health care provider for damages for death or personal injury pursuant to subsection (i) of K.S.A. 40-3403(i), and amendments thereto. Except as provided in subsection (g), reports and records so furnished shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in evidence in any judicial or administrative proceeding other than a disciplinary proceeding by the state board of healing arts or other health care provider licensing or disciplinary boards of this state.
- (e) A peer review committee or officer may report to and discuss its activities, information and findings to other peer review committees or officers or to a board of directors or an administrative officer of a health care provider without waiver of the privilege provided by subsection (b) and the records of all such committees or officers relating to such report shall be privileged as provided by subsection (b).
- (f) Nothing in this section shall be construed to prevent an insured from obtaining information pertaining to payment of benefits under a contract with an insurance company, a health maintenance organization or an administrator of a health benefits plan.
- (g) Factual information is not protected under subsection (b) as part of the peer review process, whether independently discoverable from other sources or not, including the names and addresses of persons whom any peer review committee or officer knows to have direct knowledge of the provisions of healthcare in question, statements or testimony of witnesses with direct knowledge, incident reports, occurrence reports, memoranda, written or electronic communications, statements or similar reports that contain facts concerning a specific situation, and shall not include records made in the regular course of business by a hospital or other provider of

healthcare, including patient medical records. Original sources of information, data, documents or records shall not be construed as being immune from discovery or use in any claim or civil proceeding merely because they were reviewed or considered by a medical provider for submission to, or were in fact submitted to or reviewed by a peer review committee or peer review officer. However, the deliberations, analyses, findings, conclusions and recommendations of any peer review committee or officer shall remain protected under subsection (b) and shall not be subject to discovery in any claim process or civil action.

- Sec. 2. K.S.A. 65-4925 is hereby amended to read as follows: 65-4925. (a) *Except as provided in subsection (f)*, the reports and records made pursuant to K.S.A. 65-4923 or 65-4924, and amendments thereto, shall be confidential and privileged, including:
- (1) Reports and records of executive or review committees of medical care facilities or of a professional society or organization;
- (2) reports and records of the chief of the medical staff, chief administrative officer or risk manager of a medical care facility;
- (3) reports and records of any state licensing agency or impaired provider committee of a professional society or organization; and
- (4) reports made pursuant to this act to or by a medical care facility risk manager, any committee, the board of directors, administrative officer or any consultant.

Except as provided in subsection (f), such reports and records shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in any civil or administrative action other than a disciplinary proceeding by the appropriate state licensing agency.

- (b) Except as provided in subsection (f), no person in attendance at any meeting of an executive or review committee of a medical care facility or of a professional society or organization while such committee is engaged in the duties imposed by K.S.A. 65-4923, shall be compelled to testify in any civil, criminal or administrative action, other than a disciplinary proceeding by the appropriate licensing agency, as to any committee discussions or proceedings.
- (c) Except as provided in subsection (f), no person in attendance at any meeting of an impaired provider committee shall be required to testify, nor shall the testimony of such person be admitted into evidence, in any civil, criminal or administrative action, other than a disciplinary proceeding by the appropriate state licensing agency, as to any committee discussions or proceedings.
- (d) Any person or committee performing any duty pursuant to this act shall be designated a peer review committee or officer pursuant to K.S.A. 65-4915, and amendments thereto.

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(e) A licensing agency in conducting a disciplinary proceeding in which admission of any peer review committee report, record or testimony is proposed shall hold the hearing in closed session when any such report, record or testimony is disclosed. Unless otherwise provided by law, a licensing agency conducting a disciplinary proceeding may close only that portion of the hearing in which disclosure of a report or record privileged under this section is proposed. In closing a portion of a hearing as provided by this section, the presiding officer may exclude any person from the hearing location except the licensee, the licensee's attorney, the agency's attorney, the witness, the court reporter and appropriate staff support for either counsel. The licensing agency shall make the portions of the agency record in which such report or record is disclosed subject to a protective order prohibiting further disclosure of such report or record. Such report or record shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity. No person in attendance at a closed portion of a disciplinary proceeding shall at a subsequent civil, criminal or administrative hearing, be required to testify regarding the existence or content of a report or record privileged under this section which was disclosed in a closed portion of a hearing, nor shall such testimony be admitted into evidence in any subsequent civil, criminal or administrative hearing. A licensing agency conducting a disciplinary proceeding may review peer review committee records, testimony or reports but must prove its findings with independently obtained testimony or records which shall be presented as part of the disciplinary proceeding in open meeting of the licensing agency. Offering such testimony or records in an open public hearing shall not be deemed a waiver of the peer review privilege relating to any peer review committee testimony, records or report.

(f) Factual information protected from disclosure under subsection (a) as part of the risk management review process is not protected from disclosure, whether independently discoverable from other sources or not, including the names and addresses of persons who any review committee or officer knows to have direct knowledge of the provision of healthcare in question, statements or testimony of witnesses with direct knowledge, incident reports, occurrence reports, memoranda, written or electronic communications, statements or similar reports that contain facts concerning a specific situation, and shall not include records made in the regular course of business by a hospital or other provider of healthcare including patient medical records. Original sources of information, documents or records shall not be construed as being immune from discovery or use in any civil proceeding merely because they were reviewed or considered by a medical provider for submission to, or were in fact submitted to, any risk management committee or risk management

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1 review officer. However, the deliberations, analyses, findings, conclusions 2 and recommendations of any risk management committee or officer shall 3 remain protected under subsection (a) and shall not be subject to 4 discovery in any claim process or civil action.

- Sec. 3. K.S.A. 65-4925 and K.S.A. 2017 Supp. 65-4915 are hereby repealed.
- Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.