Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

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2	87th General Assembly A Bill		
3	Regular Session, 2009 HOUSE B	ILL	1232
4			
5	By: Representatives Overbey, T. Baker, Breedlove, Cooper, Dale, Davis, Dunn, Everett, Gask	ill, G	eorge,
6	Glidewell, R. Green, Hall, Hoyt, Lea, Lovell, S. Malone, Ragland, Rice, Shelby, Wells, Woods	s, Wo	rd,
7	Carnine, Kidd, J. Rogers, Sample, Saunders, Summers		
8	By: Senators Horn, J. Taylor, D. Wyatt, Altes, Crumbly, T. Smith, Steele		
9			
10			
11	For An Act To Be Entitled		
12	AN ACT TO CREATE THE LONG-TERM CARE QUALITY		
13	IMPROVEMENT ACT; AND FOR OTHER PURPOSES.		
14			
15	Subtitle		
16	AN ACT TO CREATE THE LONG-TERM CARE		
17	QUALITY IMPROVEMENT ACT.		
18			
19			
20	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:		
21			
22	SECTION 1. Arkansas Code Title 20, Chapter 10 is amended to ad	d an	
23	additional subchapter to read as follows:		
24	<u>20-10-2201. Findings.</u>		
25	(a) The confidentiality of Quality Assurance Committee proceed	ings	and
26	records is key to improving the quality of care in long-term care fac	<u>ilit</u>	<u>ies</u>
27	by promoting thorough and candid discussions for a full review and an	alys.	<u>is</u>
28	of care processes.		
29	(b) Quality Assurance is a process used in long-term care faci	<u>liti</u>	<u>es</u>
30	to evaluate and improve the quality of health care rendered to reside	nts	<u>of</u>
31	the facility.		
32	(c) Quality Assurance is an on-going process in which administ	<u>rati</u>	on,
33	nursing, or ancillary services meet as a committee to:		
34	(1) Ensure that current practice standards are maintaine	<u>d;</u>	
35	(2) Prevent deviations from care practices to the extent		
36	possible;		

02-04-2009 08:46 MGF081

1	(3) Track, trend, and identify care concerns; and
2	(4) Correct inappropriate care processes.
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4	SECTION 2. Arkansas Code Title 20, Chapter 10 is amended to add an
5	additional subchapter to read as follows:
6	20-10-2202. Liability of quality assurance committee members
7	Construction.
8	(a) A cause of action for damages or monetary liability shall not
9	arise against a member of a quality assurance committee for an act or
10	proceeding undertaken or performed within the scope of the functions of the
11	committee if the committee member acts without malice or fraud.
12	(b) This subchapter does not confer immunity from liability on a
13	professional association or upon a health professional while performing
14	services other than as a member of a quality assurance committee.
15	
16	20-10-2203. Proceedings and records confidential.
17	(a)(1) The proceedings and records of a quality assurance committee
18	are not subject to discovery or introduction into evidence in a civil action
19	$\underline{\text{against a provider of professional health services arising out of the matters}$
20	that are subject to evaluation and review by the committee.
21	(2) Information, documents, records, or testimony before the
22	committee created or maintained by professional consultants who are
23	independent contractors and who have been engaged by the long-term care
24	facility specifically to perform mock surveys or quality of care reviews on
25	behalf of the quality assurance committee are not subject to discovery or
26	introduction into evidence in a civil action against a provider of
27	professional health services arising out of the matters that are subject to
28	evaluation and review by the committee.
29	(3) A person who was in attendance at a meeting of the committee
30	shall not be permitted or required to testify in a civil action as to the
31	<u>following:</u>
32	(A) Evidence or other matters produced or presented during
33	the proceedings of the committee; or
34	(B) Findings, recommendations, evaluations, opinions, or
35	other actions of the committee or any members of the committee.
36	(b)(1) However, information, documents, or records otherwise available

1 from original sources are not immune from discovery or use in an action 2 arising under subsection (a) of this section merely because the information, 3 documents, or records were presented during the proceedings of the committee. 4 (2) A person who testifies before the committee or who is a 5 member of the committee shall not be prevented from testifying as to matters 6 within his or her knowledge, but the witness shall not be asked about his or 7 her testimony before the committee or about opinions formed by him or her as 8 a result of the committee hearings. 9 (c) The submission of the quality assurance proceedings, minutes, 10 records, reports, and communications to a long-term care facility governing 11 board shall not operate as a waiver of the privilege. 12 13 20-10-2204. Duty to advise quality assurance committees. Upon a request of a committee reviewing care provided in a long-term 14 15 care facility or the efficient use of a long-term care facility, a physician, 16 administrator, nurse, certified nurse's aid, nurse's aid in training, or other individual engaged in work in or about the long-term care facility and 17 having information or knowledge relating to the care provided in the long-18 term care facility or to the efficient use of the long-term care facility 19 20 shall advise the committee concerning all the relevant facts or information 21 possessed by the individual. 22 23 SECTION 3. Title 16, Chapter 46, Subchapter 1, relating to documentary 24 evidence, is amended by adding the following section: 25 16-46-109. Proceedings, minutes, and records confidential. 26 (a)(1)(A) The proceedings, minutes, records, or reports of committees 27 of, or professional consultants engaged by, long-term care facilities having 28 the responsibility for reviewing and evaluating the quality of medical, 29 nursing, or other care delivered in a long-term care facility, and any other 30 records, other than those records described in subsection (c) of this section, compiled or accumulated by the staff of a facility in connection 31 32 with the review or evaluation, together with all communications or reports 33 originating in the committees is: 34 (i) Exempt from discovery and disclosure to the same 35 extent that proceedings, minutes, records, or reports of committees 36 evaluating quality of medical or hospital care are exempt under § 16-46-

1	105(a)(1);
2	(ii) Not admissible in any legal proceeding; and
3	(iii) An absolutely privileged communication.
4	(B) The submission of the proceedings, minutes, records,
5	reports, and communications to a facility governing board shall not operate
6	as a waiver of the privilege.
7	(2) Testimony as to events occurring during the activities of
8	the committees is:
9	(A) Exempt from discovery and disclosure to the same
10	extent that testimony before committees evaluating quality of medical or
11	hospital care are exempt under § 16-46-105(a)(2); and
12	(B) Not admissible as evidence in any legal proceeding.
13	(b)(1) This section does not prevent disclosure of the data mentioned
14	in subsection (a) of this section to an:
15	(A) Appropriate state or federal regulatory agency that by
16	statute or regulation is entitled access to the data; or
17	(B) Committees of long-term care facility medical staffs
18	or governing boards where the medical or nursing practitioner seeks
19	membership or clinical privileges.
20	(2) This section does not prevent discovery and admissibility if
21	the legal action in which the data sought is brought by a medical or nursing
22	practitioner who has been subjected to censure or disciplinary action by the
23	agency, committee, or by the medical staff or governing board of a long-term
24	care facility.
25	(c) This section does not apply to original medical charts with
26	respect to the care or treatment of any resident or to affect the
27	discoverability or admissibility of such records.
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29	/s/ Overbey
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