

STORAGE NAME: h0875.hr.doc
DATE: January 28, 2002

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH REGULATION
ANALYSIS**

BILL #: HB 875
RELATING TO: Public Records/Physicians/Reports
SPONSOR(S): Representative Bilirakis
TIED BILL(S): None.

ORIGINATING COMMITTEE(S)/COUNCIL(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH REGULATION
 - (2) STATE ADMINISTRATION
 - (3) COUNCIL FOR HEALTHY COMMUNITIES
 - (4)
 - (5)
-

I. SUMMARY:

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

This bill provides an exemption to the public records laws for personal and sensitive information which identifies the name of the patient, practitioner, or office contained in adverse incident reports required to be filed with the Department of Health. The exemption to the public records law in this bill for the self-reporting by allopathic and osteopathic physicians of adverse incidents that occur in the physician's office required by ss. 458.351 and 459.026, F.S., is similar to the exemption to the public records law for the self-reporting of adverse incidents by licensed facilities required by s. 395.0197, F.S. Facility adverse incident reports are confidential and exempt from the public records laws and inadmissible and immune from discovery, except in disciplinary proceedings, pursuant to s. 395.0198, F.S.

This bill provides for repeal of the exemption on October 2, 2007, unless reviewed and reenacted by the Legislature prior to such repeal date.

There is no fiscal impact on the state, local government, or the private sector.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|-----------------------------|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

B. PRESENT SITUATION:

In 1999, the Legislature passed a law requiring allopathic and osteopathic physicians to self-report adverse incidents that occur in the physician's office. The model used for physician office adverse incident reporting in ss. 458.351 and 459.026, F.S., was the licensed facility adverse incident model found in s. 395.0197, F.S. Adverse incident reports filed with the state by licensed facilities pursuant to s. 395.0197, F.S., are confidential and exempt from the public records laws, pursuant to s. 395.0198, F.S. In addition, facility adverse incident reports are inadmissible and not discoverable in civil or administrative actions unless the action is a disciplinary proceeding against the facility or a licensed practitioner. Moreover, s. 395.0198, F.S., prohibits public release of the information contained in the facilities' adverse incident reports even as part of the record of investigation or prosecution in a disciplinary proceeding.

When the House of Representatives passed the physician office adverse incident reporting requirement in 1999 (enacted as s. 197, ch. 99-397, Laws of Florida), it also unanimously passed HB 1843, a "tied bill," making the adverse incident reports confidential and exempt. However, the Senate failed to pass this bill, and therefore, physician office adverse incident reports are currently considered public records once filed with the state, but are not confidential, whereas similar required reports by hospitals are by statute confidential.

The Commission on Excellence in Health Care recommended that physician adverse incidents be placed on the Department of Health's website without including information that would identify the patient or the practitioner. A public records exemption is necessary to accomplish the recommendations and intent of the Commission.

C. EFFECT OF PROPOSED CHANGES:

The exemption to the public records law conforms the self-reporting by allopathic and osteopathic physicians of adverse incidents that occur in the physician's office required by ss. 458.351 and 459.026, F.S., to the self-reporting of adverse incidents by licensed facilities required by s. 395.0197, F.S. Self-reporting of adverse incidents by licensed facilities are confidential and exempt from the public records laws and inadmissible and immune from discovery, except in disciplinary proceedings, pursuant to s. 395.0198, F.S. This bill makes adverse incident reports filed by

licensed physicians confidential and exempt from the public records laws in the same manner as adverse incident reports filed by licensed facilities.

This bill will encourage self-reporting by physicians of adverse incidents since the adverse incident will only become public if probable cause is found. This bill will help minimize litigation between health care practitioners and the Department of Health regarding self-incrimination and will encourage health care practitioners to admit their mistakes as evidence in mitigation. This bill has no effect on a patient's ability to discuss the patient's injury or adverse incident with whomever the patient chooses.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 458.353, F.S., to provide that personal information contained in adverse incident reports filed by allopathic physicians pursuant to s. 458.351, F.S., which identifies a patient, practitioner, or office by name, location, or other identifier, are confidential and exempt from s. 119.07(1) and s. 24(a), Article I of the State Constitution.

Section 2. Creates s. 459.028, F.S., to provide that personal information contained in adverse incident reports filed by osteopathic physicians pursuant to s. 459.026, F.S., which identifies a patient, practitioner, or office by name, location, or other identifier, are confidential and exempt from s. 119.07(1) and s. 24(a), Article I of the State Constitution.

Section 3. Provides legislative findings necessitating these public records exemptions, including protecting the patient from an invasion of privacy, maximizing collection and reporting of information, assisting the department in effectively carrying out its mission to enforce safe patient care and take appropriate disciplinary action, and conforming these sections to related sections of existing law.

Section 4. Provides an effective date of upon becoming law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to expend funds or to take any action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

The bill does not reduce the percentage of state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

Article I, section 24(a), Florida Constitution, expresses Florida's public policy regarding access to government records. This section provides that:

Every person has the right to inspect or copy any public records made or received in connection with the official business of any public body, officer, or employee of the state, or persons acting on their behalf, except with respect to records exempted pursuant to this section or specifically made confidential by this Constitution. This section specifically includes the legislative, executive, and judicial branches of government and each agency or department created thereunder; counties, municipalities, and districts; and each constitutional officer, board, and commission, or entity created pursuant to law or this Constitution.

Article 1, section 24, Florida Constitution, also provides that the Legislature may, by general law, exempt public records from the requirements of s. 24(a). Such a general law exempting records from public disclosure must state with specificity the public necessity justifying the exemption and can be no broader than necessary to accomplish the stated purpose of the law.

Public policy regarding access to government records is also addressed in the Florida Statutes. Section 119.07, F.S., provides:

Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at a reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or the custodian's designee.

Section 119.15, F.S., the Open Government Sunset Review Act of 1995, states that an exemption may be created or maintained only if it serves an identifiable public purpose and may be no broader

than necessary to meet that public purpose. An identifiable public purpose is served if the exemption meets one of the following purposes, and the Legislature finds that the purpose is sufficiently compelling to override the strong public policy of open government and that such purpose cannot be accomplished without the exemption:

1. Allows the state or its political subdivisions to effectively and efficiently administer a governmental program, which administration would be significantly impaired without the exemption;
2. Protects information of a sensitive personal nature concerning individuals, the release of which information would be defamatory to such individuals or cause unwarranted damage to the good name or reputation of such individuals or would jeopardize the safety of such individuals. However, in exemptions under this subparagraph, only information that would identify the individuals may be exempted; or
3. Protects information of a confidential nature concerning entities, including, but not limited to, a formula, pattern, device, combination of devices, or compilation of information which is used to protect or further a business advantage over those who do not know or use it, the disclosure of which information would injure the affected entity in the marketplace.

B. RULE-MAKING AUTHORITY:

None.

C. OTHER COMMENTS:

This bill is virtually identical to a bill filed in 1999, HB 1843 by the Committee on Health Care Licensing and Regulation and Representative Fasano, which passed out of all three committees of reference unanimously: Health Care Licensing 11-0; Judiciary 8-0; and Governmental Operations 5-0. That bill passed the House unanimously, 116-0, but died in the Senate.

This bill is also similar to CS/HB 829 by the Committee on Health Care Licensing and Regulation and Representative Kyle, filed in 2000, which passed two committees unanimously: Health Care Licensing and Regulation by a vote of 13-0 and Governmental Operations by a vote of 6-0. In 2000, the bill passed the House unanimously, 118-0, but died in the Senate.

In 2001, another similar bill, HB 1067 by Representative Kyle, passed the House, by a vote of 116-1, but died in the Senate. It passed out of the Committee on Health Regulation by a vote of 9-0, the Committee on State Administration by a vote of 5-0, and the Council for Healthy Communities by a vote of 14-0.

The Florida Board of Medicine supports a public records exemption for the personal, sensitive information contained in adverse incident reports. The board believes that the lack of a public records exemption will deter the collection and reporting of this information to the department, which would prevent the department, and the regulatory boards from effectively carrying out their responsibility to enforce safe patient care.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

None.

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VII. SIGNATURES:

COMMITTEE ON HEALTH REGULATION:

Prepared by:

Staff Director:

Wendy Smith Hansen

Lucretia Shaw Collins