

HOUSE BILL No. 6684

November 30, 2006, Introduced by Rep. Caswell and referred to the Committee on Senior Health, Security, and Retirement.

A bill to establish a state center for safe health care and regional centers for safe health care; to prescribe the powers and duties of the state center for safe health care and regional centers for safe health care; to prescribe the powers and duties of certain state departments and officers; to provide for the reporting, collection, and use of certain data and information; to create the patient safety fund; and to prescribe the purpose of the patient safety fund.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. This act shall be known and may be cited as the
2 "Michigan center for safe health care act".

3 Sec. 3. As used in this act:

4 (a) "Center" means the Michigan center for safe health care

1 created and appointed by the governor pursuant to this act or the
2 organization designated to act as the center by the governor
3 pursuant to this act.

4 (b) "Commission" means the state commission on patient safety
5 designated by the governor pursuant to former section 20188 of the
6 public health code, 1978 PA 368.

7 (c) "Fund" means the Michigan patient safety fund created
8 under section 11.

9 (d) "Governmental entity" means a government, governmental
10 subdivision or agency, or any other regulatory or licensing body.

11 (e) "Patient safety activities" means any of the following
12 activities:

13 (i) Efforts to improve patient safety and the quality of health
14 care delivery.

15 (ii) The collection and analysis of patient safety work
16 product.

17 (iii) The development and dissemination of information with
18 respect to improving patient safety, such as recommendations,
19 protocols, or information regarding best practices.

20 (iv) The utilization of patient safety work product for the
21 purposes of encouraging a culture of safety and of providing
22 feedback and assistance to effectively minimize patient risk.

23 (v) The maintenance of procedures to preserve confidentiality
24 with respect to patient safety work product.

25 (vi) The provision of appropriate security measures with
26 respect to patient safety work product.

27 (vii) The utilization of qualified staff.

1 (viii) Activities related to the operation of a patient safety
2 evaluation system and to the provision of feedback to participants
3 in a patient safety evaluation system.

4 (f) "Patient safety evaluation system" means the collection,
5 management, or analysis of information for reporting to or by a
6 center for safe health care.

7 (g) "Patient safety work product" means any data, reports,
8 records, memoranda, analyses, or written or oral statements which
9 are assembled or developed by a provider for reporting to a center
10 for safe health care and are reported to a center for safe health
11 care or are developed by a center for safe health care for the
12 conduct of patient safety activities. Patient safety work product
13 does not include any of the following:

14 (i) A patient's medical record, billing and discharge
15 information, or any other original patient or provider record.

16 (ii) Information that is collected, maintained, or developed
17 separately, or exists separately, from a patient safety evaluation
18 system.

19 (h) "Provider" means an individual or entity licensed or
20 otherwise authorized by law to provide health care services.

21 Sec. 5. (1) To provide statewide leadership, information, and
22 training and advocacy for improving patient safety, create a safer
23 health care environment, and reduce patient harm, the governor
24 shall, by May 31, 2007, create and appoint a Michigan center for
25 safe health care or designate an existing organization to act as
26 the Michigan center for safe health care.

27 (2) If the governor chooses to designate an existing

1 organization to act as the center, the organization shall satisfy
2 each of the following:

3 (a) Represent a wide variety of health care stakeholders,
4 including, but not limited to, individuals with education,
5 experience, and expertise in patient safety as well as health and
6 human services. The organization shall, at a minimum, include
7 individuals representing each of the following:

8 (i) Health care consumers.

9 (ii) The Michigan professional organizations for osteopathic
10 physicians, allopathic physicians, nurses, pharmacists, hospitals,
11 and health plans.

12 (iii) Employers, labor groups, and other health care payers.

13 (iv) The Michigan department of community health.

14 (v) Any other individuals reflecting the center's scope of
15 work.

16 (b) Be a nonprofit charitable organization that has tax-exempt
17 status pursuant to section 501(c)(3) of the internal revenue code
18 of 1986, 26 USC 501.

19 (c) Be capable of providing a balanced, unbiased, nonpunitive
20 environment in which to accomplish the center's mission.

21 (d) Not be a governmental entity.

22 (e) Be independent of any individual health care provider or
23 professional organization, subsidiary, or collective.

24 (3) If the governor chooses to create a center, the center
25 shall consist of at least 7 members appointed by the governor, and
26 the members shall collectively satisfy each of the following:

27 (a) Represent a wide variety of health care stakeholders,

1 including, but not limited to, individuals with education,
2 experience, and expertise in patient safety as well as health and
3 human services. Of the individuals appointed, there shall be at
4 least 1 member who represents each of the following:

5 (i) Health care consumers.

6 (ii) Health professionals and health care organizations.

7 (iii) Employers, labor groups, and other health care payers.

8 (iv) The Michigan department of community health.

9 (v) Any other individuals reflecting the center's scope of
10 work.

11 (b) Be capable of providing a balanced, unbiased, nonpunitive
12 environment in which to accomplish the center's mission.

13 (c) Not be a governmental entity.

14 (d) Be independent of any individual health care provider or
15 professional organization, subsidiary, or collective.

16 (4) Once the center has been appointed or designated, the
17 center shall appoint an individual to serve as the executive
18 director of the center. The center shall outline the executive
19 director's duties and responsibilities and evaluate the performance
20 of the executive director on an annual basis.

21 (5) The governor may designate certain hospitals throughout
22 the state to serve as regional centers for safe health care. A
23 hospital designated to serve as a regional center for safe health
24 care shall report to the state center for safe health care.

25 Sec. 7. (1) The center shall be certified as a patient safety
26 organization under section 924 of the patient safety and quality
27 improvement act of 2005, 42 USC 299b-24, and, if the center is a

1 designated organization, the center shall maintain its tax-exempt
2 status under section 501(c)(3) of the internal revenue code of
3 1986, 26 USC 501. The center shall do all of the following:

4 (a) Perform patient safety activities.

5 (b) Coordinate implementation of the commission's
6 recommendations included in the commission's final report to the
7 governor dated November 2005, including, at a minimum, each of the
8 following:

9 (i) Cultivate collaborative relationships to solve complex
10 patient safety problems.

11 (ii) Promote active involvement of consumers, patients, and
12 families in the structure and process of safe health care.

13 (iii) Coordinate public educational efforts with programs
14 targeting clinicians.

15 (iv) Facilitate the systematic identification of practices and
16 environments that result in patient harm.

17 (v) Collect and disseminate information and tools to
18 accelerate improvement.

19 (vi) Provide connections to expertise and technical assistance.

20 (vii) Monitor the effects of patient safety improvement efforts
21 and promote progress to the public.

22 (viii) Shape public policy designed to encourage the adoption of
23 patient safety practices by health care organizations and
24 professionals.

25 (ix) Coordinate state level advocacy at the national level.

26 (c) Collect, coordinate, analyze, and maintain all patient
27 safety work product received from the regional centers for safe

1 health care in this state.

2 (2) The center shall receive from any governmental entity of
3 this state such assistance and data necessary to enable it to
4 properly carry out its powers established under this section. The
5 center shall submit to the governor and legislature a projected 5-
6 year financial analysis of the resources needed to support the
7 activities and duties of the center.

8 Sec. 9. The center shall submit to the governor and the
9 legislature, on an annual basis, a report of the center's work in
10 the previous year and plan for work in the upcoming year. Every 4
11 years the governor shall conduct a review of the center's progress
12 in meeting its duties as described in this act and shall determine
13 whether to reappoint or redesignate the current body serving as the
14 center or to appoint or designate a new body. If the governor
15 chooses to appoint or designate a new body to serve as the center,
16 the appointment or designation shall comply with the requirements
17 established under section 5.

18 Sec. 11. (1) The Michigan patient safety fund is created in
19 the state treasury. The state treasurer may receive money or other
20 assets from any source for deposit into the fund. The state
21 treasurer shall direct the investment of the fund. The state
22 treasurer shall credit to the fund interest and earnings from fund
23 investments.

24 (2) Money in the fund at the close of the fiscal year shall
25 remain in the fund and shall not lapse to the general fund.

26 (3) The department of community health shall expend money from
27 the fund, upon appropriation, only for 1 or more of the following

1 purposes:

2 (a) To provide support for the patient safety activities of
3 the center.

4 (b) To implement the commission's recommendations included in
5 the commission's final report to the governor dated November 2005.

6 (4) The state treasurer shall not accept any money or other
7 assets from any source if the acceptance and use of the money or
8 assets commits state funds and places an obligation upon the state
9 or legislature to continue the purposes for which the money or
10 assets are made available. The donor may stipulate the manner in
11 which the donation shall be expended as long as the request is
12 within the purposes described under subsection (3).