

## **BILL ANALYSIS**

Senate Research Center  
77R5903 GJH-D

C.S.S.B. 595  
By: Harris  
Health & Human Services  
3/19/2001  
Committee Report (Substituted)

### **DIGEST AND PURPOSE**

Current law requires the Texas State Board of Medical Examiners to provide physician complaint information to a health care entity. Eighty percent of these complaints are without merit and negatively impact the reputation of physicians and require physicians to justify their actions in all future dealings with hospitals, insurance companies, and other providers. C.S.S.B. 595 amends provisions pertaining to the retention and reporting of certain complaint information.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 154.052, Occupations Code, to require the Texas State Board of Medical Examiners (board), if a complaint is closed with no disciplinary or rehabilitative action taken, to retain a record of the complaint and to delete the identity of the license holder against whom the complaint was filed ten years from the date of the closure of the complaint.

SECTION 2. Amends Section 154.054, Occupations Code, to require the board, on written request, to provide information to a health care entity regarding certain specific information, including the basis of and current status of any complaint under active investigation that has been assigned by the executive director to a person authorized by the board to pursue legal action.

SECTION 3. Amends Section 160.052, Occupations Code, to delete existing text pertaining to a notice of claim letter. Requires the insurer to provide the report of certain specific information, including with respect to settlement of a claim without the filing of lawsuit of settlement of a lawsuit made on behalf of the insured involving damages relating to the insured's conduct in providing or failing to provide a medical or health care service.

SECTION 4. Amends Section 160.053(a), Occupations Code, to require the insurer, not later than the 30th day after the date an insurer receives from an insured a complaint filed in a lawsuit, the date of a settlement of a claim without the filing of a lawsuit, or the date of a settlement of a lawsuit against the insured, to furnish to the board certain specific information. Makes conforming changes.

SECTION 5. Makes application of Sections 160.052(a) and 160.053(a), Occupations Code, as amended by this Act, prospective.

SECTION 6. Effective date: upon passage or September 1, 2001.

### **SUMMARY OF COMMITTEE CHANGES**

Deletes previously proposed SECTION 1 and adds a new SECTION 1 to add provisions pertaining to the retention of records.

SECTION 2. Differs from the original by restoring previously deleted text and adding provisions pertaining to complaints having been assigned to the executive director.

Redesignates previously proposed SECTIONS 3 and 4 as SECTIONS 5 and 6, with amendments, and adds new SECTIONS 3 and 4, as follows.

SECTION 3. Deletes existing text pertaining to a notice of claim letter. Amends provisions pertaining to the requirement that the insurer provide the report of certain information.

SECTION 4. Amends provisions pertaining to information furnished by the insurer to the board.

SECTION 5. Replaces previously proposed SECTION 3 to make application of the changes to Sections 160.052(a) and 160.053(a) prospective.

SECTION 6. Effective date: No change.