

HOUSE No. 5654

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 4, 1987.

The committee on Health Care, to whom was recommitted the Bill relative to the confidentiality of information gathered by the Board of Registration in Medicine (House, No. 2749), reports recommending that the accompanying bill (House, No. 5654) ought to pass.

For the committee,

JOHN C. McNEIL.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Eighty-Seven.

AN ACT RELATIVE TO THE CONFIDENTIALITY OF INFORMATION GATHERED
BY THE BOARD OF REGISTRATION IN MEDICINE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 5 of chapter 112 of the General Laws,
2 as most recently amended by chapter 351 of the acts of 1986, is
3 hereby further amended by striking the second sentence of the
4 seventh paragraph and inserting in its place the following new
5 sentence: — The board, including but not limited to the data
6 repository and the disciplinary unit, shall keep confidential any
7 complaint, report, record or other information received or kept
8 by the board and such information and materials shall be exempt
9 from disclosure as public records pursuant to subclause (a) in
10 clause twenty-sixth of section 7 of chapter 4; provided, however,
11 that nothing herein shall detract from a data subject's rights under
12 chapter 66A and further provided that, except to the extent that
13 disclosure of records or other information may be restricted as
14 otherwise provided by law, or by the board's regulations,
15 investigative records or information of the board shall not be kept
16 confidential after the board has disposed of the matter under
17 investigation by issuing an order to show cause, by dismissing a
18 complaint or by taking other final action nor shall the requirement
19 that investigative records or information be kept confidential at
20 any time apply to requests from the person under investigation,
21 the complainant, or other state or federal agencies, boards or
22 institutions as the board shall determine by regulations.

1 SECTION 2. Section 204 of chapter 111 of the General Laws,
2 as added by chapter 351 of the acts of 1986, is hereby amended
3 by adding at the end thereof the following new subpart: —

4 (e) If the proceedings, reports or records of a medical peer
5 review committee are obtained hereunder and disclosed in an

6 action pursuant to section eighty-five N of chapter two hundred
7 and thirty-one or a proceeding before an administrative body,
8 then such information shall still not be subject to subpoena or
9 discovery, or introduced into evidence in judicial or administrative
10 proceedings other than those specified in subparts (a) or (b) of
11 this section.

1 SECTION 3. Section One of Chapter 111 of the Massachusetts
2 General Laws is hereby amended by adding the following
3 definition:

4 Patient Care Assessment Coordinator: A physician or non-
5 physician designated by a health care facility to implement and
6 coordinate the facility's compliance with Section 203 of Chapter
7 111 and Section 5 of Chapter 112. To be qualified, the Patient
8 Care Assessment Coordinator shall evidence by education,
9 training or experience the ability to carry out the functions and
10 activities of the Patient Care Assessment Program as promulgated
11 by the Board of Registration of Medicine. In lieu of appointing
12 a single Patient Care Assessment Coordinator, the governing
13 body of a health care facility may designate a committee to carry
14 out the functions of the Patient Care Assessment Coordinator.

1 SECTION 4. Section 204 of Chapter 111 of the General Laws
2 is hereby amended by adding after Section 204 (d) the
3 following: —

4 Section 204 (e) to protect the confidentiality of information
5 and records both generated pursuant to Risk Management
6 Programs under Section 203 of Chapter 111 and Section 5 of 112
7 which also relate to the functions of a "Medicare Peer Review
8 Committee, (as defined in MGL C.111 S.1) and to assure that this
9 information and these records are not subject to subpoena,
10 discovery or introduction into evidence, the Patient Care
11 Assessment Coordinator as defined in Section One of Chapter
12 111, may designate such information and records as "proceedings,
13 reports, and records of a Medicare Peer Review committee"
14 within the meaning of this chapter.

