

WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Enrolled

Senate Bill 119

BY SENATORS TRUMP AND BOSO

[Passed January 29, 2019; in effect 90 days from passage]

1 AN ACT to amend and reenact §30-3C-1 and §30-3C-3 of the Code of West Virginia, 1931, as
2 amended; and to amend said code by adding thereto a new section, designated §30-3C-
3 5, all relating to discovery in certain proceedings; specifying certain health care peer
4 review documents are confidential and not subject to discovery; providing that a person
5 who testifies before a review organization or is a member of a review organization shall
6 not be required to testify or asked about his or her testimony; providing that peer review
7 proceedings, communications, and documents of a review organization are confidential
8 and privileged and shall not be subject to discovery; providing that an individual may be
9 given access to documents used as basis for an adverse professional review action,
10 subject to a protective order as may be appropriate; providing that privilege is not deemed
11 to be waived unless the review organization executes a written waiver; defining terms; and
12 addressing original source materials.

Be it enacted by the Legislature of West Virginia:

ARTICLE 3C. HEALTH CARE PEER REVIEW ORGANIZATION PROTECTION.

§30-3C-1. Definitions.

1 As used in this article:
2 “Document” means any information, data, reports, or records prepared by or on behalf of
3 a health care provider and includes mental impressions, analyses, and/or work product.
4 “Health care facility” means any clinic, hospital, pharmacy, nursing home, assisted living
5 facility, residential care community, end-stage renal disease facility, home health agency, child
6 welfare agency, group residential facility, behavioral health care facility or comprehensive
7 community mental health center, intellectual/developmental disability center or program, or other
8 ambulatory health care facility in and licensed, regulated, or certified by the State of West Virginia
9 under state or federal law and any state-operated institution or clinic providing health care and
10 any related entity to the health care facility as that term is defined in §55-7B-1 *et seq.* of this code.

11 “Health care provider” means a person, partnership, corporation, professional limited
12 liability company, health care facility, entity or institution licensed by, or certified in, this state or
13 another state, to provide health care or professional health care services, including a physician,
14 osteopathic physician, physician’s assistant, advanced practice registered nurse, health care
15 facility, dentist, registered or licensed practical nurse, optometrist, podiatrist, chiropractor,
16 physical therapist, speech-language pathologist, audiologist, occupational therapist, psychologist,
17 pharmacist, technician, certified nursing assistant, emergency medical services personnel,
18 emergency medical services authority or agency, any person supervised by or acting under the
19 direction of a licensed professional, any person taking actions or providing service or treatment
20 pursuant to or in furtherance of a physician’s plan of care, a health care facility’s plan of care,
21 medical diagnosis, or treatment; or an officer, employee, or agent of a health care provider acting
22 in the course and scope of the officer’s, employee’s, or agent’s employment.

23 “Peer review” means the procedure for evaluation by health care providers of the quality,
24 delivery, and efficiency of services ordered or performed by other health care professionals,
25 including practice analysis, inpatient hospital and extended care facility utilization review, medical
26 audit, ambulatory care review, claims review and patient safety review, preparation for or
27 simulation of audits or surveys of any kind, and all forms of quality assurance/performance
28 improvement whether or not required by any statute, rule, or regulation applicable to a health care
29 facility or health care provider.

30 “Review organization” means any committee, organization, individual, or group of
31 individuals engaging in peer review, including, without limitation, a hospital medical executive
32 committee and/or subcommittee thereof, a hospital utilization review committee, a hospital tissue
33 committee, a medical audit committee, a health insurance review committee, a health
34 maintenance organization review committee, hospital, medical, dental, and health service
35 corporation review committee, a hospital plan corporation review committee, a professional health
36 service plan review committee or organization, a dental review committee, a physicians’ advisory

37 committee, a podiatry advisory committee, a nursing advisory committee, any committee or
38 organization established pursuant to a medical assistance program, the Joint Commission on
39 Accreditation of Health Care Organizations or similar accrediting body or any entity established
40 by such accrediting body or to fulfill the requirements of such accrediting body, any entity
41 established pursuant to state or federal law for peer review purposes, and any committee
42 established by one or more state or local professional societies or institutes, to gather and review
43 information relating to the care and treatment of patients for the purposes of: (i) Evaluating and
44 improving the quality of health care rendered; (ii) reducing morbidity or mortality; or (iii)
45 establishing and enforcing guidelines designed to keep within reasonable bounds the cost of
46 health care. It shall also mean any hospital board committee or organization reviewing the
47 professional qualifications or activities of its medical staff or applicants for admission thereto, and
48 any professional standards review organizations established or required under state or federal
49 statutes or regulations.

§30-3C-3. Confidentiality of records.

1 (a) Any document prepared by or on behalf of a health care provider for the purpose of
2 improving the quality, delivery, or efficiency of health care or for the purpose of credentialing or
3 reviewing health care providers is confidential and privileged and shall not be subject to discovery
4 in a civil action or administrative proceeding. Such documents include, without limitation:

5 (1) Nursing home, as referred to in §55-7B-6(e) of this code, incident or event reports,
6 except reports pertaining to the plaintiff of that civil action, or reports of same or similar incidents
7 within a reasonable time frame of the events at issue in the civil action, containing only factual
8 information, but excluding personal identification information;

9 (2) Documents related to review organization proceedings for hiring, disciplining,
10 terminating, credentialing, issuing staff privileges, renewing staff privileges, or alleged misconduct
11 of a health care provider;

12 (3) Review organization documents;

13 (4) Quality control and performance improvement documents;
14 (5) Documents satisfying regulatory obligations related to quality assurance and
15 performance improvement; and

16 (6) Reviews, audits, and recommendations of consultants or other persons or entities
17 engaged in the performance of peer review.

18 (b) A person who testifies before a review organization, or who is a member of a review
19 organization, shall not be required to testify regarding, or be asked about, his or her testimony
20 before such review organization, deliberations of the review organization, or opinions formed as
21 a result of the review organization's proceedings. A person who testifies before a review
22 organization, or who is a member of a review organization, shall not be prevented from testifying
23 in court or an administrative hearing as to matters within his or her personal knowledge.

24 (c) All peer review proceedings, communications, and documents of a review organization
25 and all records developed or obtained during an investigation conducted pursuant to §30-3-1 *et*
26 *seq.*, §30-3E-1 *et seq.*, and/or §30-14-1 *et seq.* of this code shall be confidential and privileged
27 and shall not be subject to discovery in any civil action or administrative proceeding: *Provided,*
28 That an individual may be given access to any document that was used as the basis for an
29 adverse professional review action against him or her, subject to such protective order as may be
30 appropriate to maintain the confidentiality of the information contained therein. Privilege is not
31 deemed to be waived unless the review organization executes a written waiver authorizing the
32 release of such peer review proceedings, communications, or documents.

33 (d) Nothing in this section limits the disclosure of peer review proceedings,
34 communications, and documents by a review organization or a health care facility to a medical
35 licensing board pursuant to the provisions of §30-3-1 *et seq.* and §30-14-1 *et seq.* of this code.

§30-3C-5. Original source; waivers; further proceedings.

1 Information available from original sources are not to be construed as immune from
2 discovery or use in any civil action merely because they were included in any report or analysis

3 related to improving the quality, delivery, or efficiency of health care or for the purpose of
4 credentialing or reviewing health care providers. Documents contained in peer review files are
5 not discoverable on the basis that they were not created as part of the peer review process; rather,
6 the document must be produced from the original source: *Provided*, That if the party seeking
7 production can show that obtaining source documents will be unduly burdensome, the court may,
8 in its discretion, order production of the nonprivileged documents contained in the peer review
9 file.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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Chairman, Senate Committee

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Chairman, House Committee

Originated in the Senate.

In effect 90 days from passage.

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Clerk of the Senate

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Clerk of the House of Delegates

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President of the Senate

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Speaker of the House of Delegates

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Day of, 2019.

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Governor