Amend **CSSB 104** by adding the following appropriately numbered sections and renumbering the sections for the bill accordingly:

SECTION _____. Section 154.054, Occupations Code, is amended to read as follows:

Sec. 154.054. COMPLAINT INFORMATION TO HEALTH CARE ENTITY. On written request, the board shall provide information to a health care entity regarding:

(1) a complaint filed against a license holder that was resolved after investigation by:

(A) a disciplinary order of the board; or

(B) an agreed settlement; and

(2) the basis of and current status of any complaint under active investigation <u>that has been assigned by the executive</u> <u>director to a person authorized by the board to pursue legal action</u>.

SECTION ____. Section 160.052(a), Occupations Code, is amended to read as follows:

(a) Each insurer shall submit to the board the report or other information described by Section 160.053 at the time prescribed. The insurer shall provide the report or information with respect to:

(1) a [notice of claim letter or] complaint filed against an insured in a court, if the [notice of claim letter or] complaint seeks damages relating to the insured's conduct in providing or failing to provide a medical or health care service; and

(2) settlement of a claim <u>without the filing of a</u> <u>lawsuit</u> or <u>settlement of a</u> lawsuit made on behalf of the insured <u>involving damages relating to the insured's conduct in providing or</u> <u>failing to provide a medical or health care service</u>.

SECTION _____. Section 160.053, Occupations Code, is amended to read as follows:

Sec. 160.053. CONTENTS OF REPORT; ADDITIONAL INFORMATION. (a) Not later than the 30th day after the date an insurer receives <u>from an insured</u> a [notice of claim letter or] complaint <u>filed in a</u> <u>lawsuit, a settlement of a claim without the filing of a lawsuit, or</u> <u>a settlement of a lawsuit against the</u> [from an] insured, the insurer shall furnish to the board: (1) the name of the insured and the insured's Texas medical license number;

(2) the policy number; [and]

(3) a copy of the [notice of claim letter or] complaint or settlement; and

(4) a copy of any expert report filed under Section 13.01, Medical Liability and Insurance Improvement Act of Texas (Article 4590i, Vernon's Texas Civil Statutes).

(b) The board, in consultation with the commissioner, shall adopt rules for reporting additional information as the board requires. In adopting the rules, the board shall consider other claim reports required under state and federal statutes in determining the information to be reported, form of the report, and frequency of reporting. <u>The rules adopted by the board under this</u> <u>subsection must require that the following additional</u> [<u>Additional</u>] information <u>be reported</u> [the board requires may include]:

(1) the date of a judgment, dismissal, or settlement;

(2) whether an appeal has been taken and by which party; and

(3) the amount of the settlement or judgment against the insured.

SECTION _____. The changes in law made by this Act by the amendment of Sections 160.052(a) and 160.053, Occupations Code, apply only to a settlement entered into on or after the effective date of this Act. A settlement entered into before the effective date of this Act is governed by the law in effect on the date the settlement was entered into, and the former law is continued in effect for that purpose.

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