

BILL ANALYSIS

CSHB 2158
By: McReynolds
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The current provisions of the Nursing Practice Act governing reporting of nurses to the Board of Nurse Examiners (BNE) were enacted in 1987, and were based on a philosophy that reports to the BNE should come from multiple sources and that over-reporting of nurses to the Board promotes patient safety. However, two recent studies by the Institute of Medicine have indicated that a regulatory system based on over-reporting of practitioners, instead of promoting safer patient care, in fact detracts from it by creating an environment in which errors simply are not reported.

CSHB 2158 amends provisions of the Nursing Practice Act, relating to reporting of nurses to the BNE, and the Nursing Peer Review Law governing peer review of nurses. This bill seeks to enhance patient quality of care by simplifying, clarifying, and encouraging more appropriate reporting of nurses to reflect a more systems-based approach while maintaining nurses' accountability.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

CSHB 2158 amends the Nursing Practice Act by adding new definitions for "Chief nursing officer" and "Patient safety committee." It removes the limitation on BNE's authority to require that all the hours of continuing education required for license renewal be from approved programs. It replaces "grounds for reporting" terminology with "conduct subject to reporting" and defines the latter. The bill relocates the definitions "minor incident," "nursing educational program," and "nursing student" from other sections of the Nursing Practice Act. It provides that reporting a nurse to nursing peer review committee satisfies the requirement to report to the BNE. It defines the content of a nursing peer review's report to the BNE, and states when a nursing peer review committee is required to report a nurse to the BNE. When an employer terminates or suspends a nurse, the bill limits the role of the nursing peer review committee to a review of the incident to determine the extent external factors contributed to any deficiency in care. It provides that a state agency's reporting to a nursing peer review committee for evaluation satisfies a requirement to report the nurse to the BNE. The bill requires the BNE to report back to a facility whenever it finds a deficiency in care was the result of factors beyond the nurse's control.

CSHB 2158 also amends the Nursing Peer Review Code. It adds a definition of "patient safety committee." It states when organizations are required to have a nursing peer review. It authorizes a nursing peer review committee to share information with patient safety committees within the facility without compromising confidentiality. The bill requires a nursing peer review committee to report to a patient safety committee within the facility when the nursing peer review committee finds that a deficiency in care was the result of factors beyond the nurse's control.

This bill repeals Section 301.303(d), Section 301.352(e), Section 301.402(a), Sections 301.405(d), (f), (g), and (h), Section 301.419(a), and Section 303.005(h) of the Occupation Code.

EFFECTIVE DATE

C.S.H.B. 2158 80(R)

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

The committee substitute removes specific language regarding the definition of "conduct subject to reporting," amends the definition of "patient safety committee" to clarify the composition of the patient safety committee, and clarifies the confidentiality of information shared by a nursing peer review committee and other patient safety committees.