ASSEMBLY CONCURRENT RESOLUTION NO. 7–COMMITTEE ON HEALTH AND HUMAN SERVICES

(ON BEHALF OF INTERIM COMMITTEE ON HEALTH CARE)

FEBRUARY 27, 2001

Referred to Committee on Health and Human Services

SUMMARY—Directs Legislative Committee on Health Care to conduct interim study concerning development of system for reporting medical errors. (BDR R-226)

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EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets [~~omitted material~~] is material to be omitted.

ASSEMBLY CONCURRENT RESOLUTION—Directing the Legislative Committee on Health Care to conduct an interim study concerning the development of a system for reporting medical errors.

WHEREAS, At least 44,000 persons die each year in hospitals in the United States from preventable medical errors, making preventable medical errors a leading cause of death in this country, exceeding the number of deaths attributable to motor vehicle accidents, breast cancer or AIDS; and

WHEREAS, In addition to the unfortunate consequences suffered by many patients and families as a result of preventable medical errors, the direct and indirect costs borne by the nation as a result of preventable medical errors, including, without limitation, higher expenditures for health care, lost productivity, costs related to disabilities and costs for personal care, are approximately $17 billion annually; and

WHEREAS, Establishing a reporting system for medical errors is an effective way to improve the safety of patients in this state and reduce the number of preventable medical errors that occur in this state by gathering sufficient information about medical errors from multiple sources to attempt to understand the factors that contribute to the errors and then using this information to prevent the recurrence of such errors throughout the health care system; now, therefore, be it

RESOLVED BY THE ASSEMBLY OF THE STATE OF NEVADA, THE SENATE CONCURRING, That the Legislative Committee on Health Care is hereby directed to appoint a subcommittee to conduct an interim study concerning the development of a system for reporting medical errors in this state; and be it further

RESOLVED, That the study must include, without limitation:

1. A determination of what constitutes:

(a) A medical error;

(b) An outcome that is detrimental to a patient; and

(c) A medical error that causes an outcome which is detrimental to a patient.

2. A comprehensive evaluation of:

(a) Systems for reporting medical errors that are designed to:

(1) Inform patients of the occurrence of medical errors that cause outcomes which are detrimental to patients;

(2) Ensure that preventable medical errors are not systematically repeated; and

(3) Encourage medical institutions to improve the safety of their patients;

(b) Whether such a system should be established in this state;

(c) Effective manners in which the system may impose mandatory reporting of medical errors;

(d) Methods for ensuring that information reported to the system concerning the identity of a specific patient or medical professional remains confidential to encourage the reporting of medical errors and to ensure that the system does not encourage blaming an individual medical professional for a medical error;

(e) The proper use of the information that is reported to the system, including, without limitation, whether standards should be established for using the information to prevent or reduce preventable medical errors;

(f) Which medical and other related facilities, medical professionals and pharmacies should be required to report information concerning medical errors to the system;

(g) Whether sanctions should be imposed on a medical professional who fails to comply with the reporting requirements of the system; and

(h) The relationship between medical errors and the licensing of medical professionals, and the manner in which the system may be coordinated with the licensing of medical professionals to reduce medical errors.

3. The use of the report *To Err is Human: Building a Safer Health System* that was released by the Institute of Medicine in November, 1999; and be it further

RESOLVED, That no action may be taken by the subcommittee on recommended legislation unless it receives a majority vote of the Senators on the subcommittee and a majority vote of the Assemblymen on the subcommittee; and be in further

RESOLVED, That the Legislative Committee on Health Care shall submit a report of the results of the study and any recommendations for legislation to the 72nd session of the Nevada Legislature.