HOUSE COMMITTEE OF REFERENCE REPORT

Chairman of Committee

March 1, 2012 Date

Committee on Judiciary.

After consideration on the merits, the Committee recommends the following:

<u>HB12-1300</u> be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

1 Amend printed bill, strike everything below the enacting clause and 2 substitute:

3 "SECTION 1. In Colorado Revised Statutes, amend 12-36.5-107
4 as follows:

12-36.5-107. Repeal of article. This article is repealed, effective
July 1, 2012 SEPTEMBER 1, 2019. Prior to such repeal, THE DEPARTMENT
OF REGULATORY AGENCIES SHALL REVIEW the functions of professional
review committees and the committee on anticompetitive conduct shall
be reviewed in accordance with section 24-34-104, C.R.S.

SECTION 2. In Colorado Revised Statutes, 24-34-104, amend
(43) introductory portion and (50.5) introductory portion; repeal (43) (g);
and add (50.5) (e) as follows:

13 24-34-104. General assembly review of regulatory agencies
14 and functions for termination, continuation, or reestablishment.
(43) The following agencies, functions, or both, shall terminate on July
16 1, 2012:

17 (g) The functions of professional review committees pursuant to
 18 article 36.5 of title 12, C.R.S.;

19 (50.5) The following agencies, functions, or both, shall terminate20 on September 1, 2019:

(e) THE FUNCTIONS OF PROFESSIONAL REVIEW COMMITTEES
PURSUANT TO ARTICLE 36.5 OF TITLE 12, C.R.S.

23 SECTION 3. In Colorado Revised Statutes, amend 12-36.5-101

1 as follows:

2 **12-36.5-101.** Legislative declaration. (1) The general assembly 3 hereby finds, determines, and declares that the Colorado medical board 4 created pursuant to IN article 36 of this title acts AND THE STATE BOARD 5 OF NURSING CREATED IN ARTICLE 38 OF THIS TITLE ACT for the state in its 6 sovereign capacity to govern licensure, discipline, and professional 7 review of persons licensed to practice medicine, LICENSED AS PHYSICIAN 8 ASSISTANTS. AND LICENSED TO PRACTICE NURSING AND GRANTED AN 9 AUTHORITY AS ADVANCED PRACTICE NURSES, RESPECTIVELY, in this state. 10 The general assembly further finds, determines, and declares that:

(a) The authority to practice medicine PROVIDE HEALTH CARE in
 this state is a privilege granted by the legislative authority of the state; and
 that

(b) It is necessary for the health, safety, and welfare of the people
of this state that the Colorado medical board APPROPRIATE REGULATORY
BOARDS exercise its THEIR authority to protect the people of this state
from the unauthorized practice of medicine and from unprofessional
conduct by persons licensed to practice medicine PROVIDE HEALTH CARE
under article 36 ARTICLES 36 AND 38 of this title.

20

(2) The general assembly recognizes that:

(a) Many patients of persons licensed to practice medicine
 PROVIDE HEALTH CARE in this state have restricted choices of physicians
 HEALTH CARE PROVIDERS under a variety of circumstances and
 conditions;

(b) Many patients lack the knowledge, experience, or education
to properly evaluate the quality of medical OR NURSING practice or the
professional conduct of those licensed to practice medicine, LICENSED TO
ACT AS PHYSICIAN ASSISTANTS, AND LICENSED TO PRACTICE NURSING AND
GRANTED AN AUTHORITY AS ADVANCED PRACTICE NURSES; and

30 (c) It is necessary and proper that the Colorado medical board
 31 RESPECTIVE REGULATORY BOARDS exercise its THEIR regulatory authority
 32 to protect the health, safety, and welfare of the people of this state.

33 (3) The general assembly recognizes that, in the proper exercise 34 of its THEIR authority and responsibilities under this article, the Colorado 35 medical board AND THE STATE BOARD OF NURSING must, to some extent, 36 replace competition with regulation, and that such THE replacement of 37 competition by regulation, particularly with regard to physicians PERSONS 38 LICENSED UNDER ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE 39 38 OF THIS TITLE AND GRANTED AN AUTHORITY AS ADVANCED PRACTICE 40 NURSES, is related to a legitimate state interest in the protection of the 41 health, safety, and welfare of the people of this state.

SECTION 4. In Colorado Revised Statutes, amend 12-36.5-102
 as follows:

3 12-36.5-102. Definitions. As used in this article, unless the
4 context otherwise requires:

5 (1) "Medical board" means the Colorado medical board created 6 pursuant to section 12-36-103. "AUTHORIZED ENTITY" MEANS A 7 CORPORATION, ORGANIZATION, OR ENTITY THAT IS AUTHORIZED TO 8 ESTABLISH A PROFESSIONAL REVIEW COMMITTEE UNDER SECTION 9 12-36.5-104 (3) OR (4) OR UNDER RULES OF THE MEDICAL BOARD OR 10 NURSING BOARD ADOPTED PURSUANT TO SECTION 12-36.5-104 (5).

11 (2) "CMS" MEANS THE FEDERAL CENTERS FOR MEDICARE AND12 MEDICAID SERVICES.

(2) (3) "Governing board" means any A board, board of trustees,
governing board, or other body, or duly authorized subcommittee thereof,
of any organization of health care providers AN AUTHORIZED ENTITY,
which board or body has final authority pursuant to such organization's
THE ENTITY'S written bylaws, policies, or procedures to take final action
regarding the recommendations of any authorized A professional review
committee.

20 (4) "JOINT COMMISSION" MEANS THE JOINT COMMISSION ON THE
21 ACCREDITATION OF HEALTHCARE ORGANIZATIONS OR ITS SUCCESSOR
22 ENTITY.

23 (5) "MEDICAL BOARD" MEANS THE COLORADO MEDICAL BOARD
24 CREATED IN SECTION 12-36-103 (1).

25 (3) (6) "Professional review committee" means any committee 26 authorized under the provisions of this article to review and evaluate the 27 QUALIFICATIONS, COMPETENCE, AND professional conduct of, and the 28 quality and appropriateness of patient care provided by, any physician 29 PERSON licensed under article 36 of this title OR LICENSED UNDER ARTICLE 30 38 OF THIS TITLE AND GRANTED AN AUTHORITY AS AN ADVANCED 31 PRACTICE NURSE. "PROFESSIONAL REVIEW COMMITTEE" INCLUDES A 32 GOVERNING BOARD, A HEARING PANEL APPOINTED BY A GOVERNING BODY 33 TO CONDUCT A HEARING UNDER SECTION 12-36.5-104 (7) (a), AND AN 34 INDEPENDENT THIRD PARTY DESIGNATED BY A GOVERNING BOARD UNDER 35 SECTION 12-36.5-104 (8) (b).

36 (4) (7) (a) "Records" means any and all written, ELECTRONIC, or
37 verbal ORAL communications by any person any member of an
38 investigative body, or any professional review committee or governing
39 board, or the staff thereof arising from any activities of a professional
40 review committee, INCLUDING A GOVERNING BOARD, ESTABLISHED BY AN
41 authorized by ENTITY UNDER this article OR BY THE AGENT OR STAFF

1 THEREOF, including the ANY:

2 (I) **REFERENCE**;

3 (II) Complaint, response, OR correspondence related thereto TO 4 THE COMPLAINT OR RESPONSE;

5 (III) INTERVIEWS OR STATEMENTS, REPORTS, MEMORANDA, 6 ASSESSMENTS, AND PROGRESS REPORTS DEVELOPED TO ASSIST IN 7 **PROFESSIONAL REVIEW ACTIVITIES:**

8 (IV) ASSESSMENTS AND PROGRESS REPORTS TO ASSIST IN 9 PROFESSIONAL REVIEW ACTIVITIES, INCLUDING REPORTS AND 10 ASSESSMENTS DEVELOPED BY INDEPENDENT CONSULTANTS IN 11 CONNECTION WITH PROFESSIONAL REVIEW ACTIVITIES: AND

12 (V) Recordings or transcripts of proceedings, minutes, formal 13 recommendations, decisions, exhibits, and other similar items or 14 documents RELATED TO PROFESSIONAL REVIEW ACTIVITIES AND typically 15 constituting the records of administrative proceedings.

16 (b) "RECORDS" DOES NOT INCLUDE ANY WRITTEN, ELECTRONIC, OR 17 ORAL COMMUNICATIONS BY ANY PERSON THAT ARE OTHERWISE 18 AVAILABLE FROM AN ORIGINAL SOURCE OUTSIDE THE SCOPE OF 19 PROFESSIONAL REVIEW ACTIVITIES, INCLUDING MEDICAL RECORDS AND 20 OTHER HEALTH INFORMATION.

21 (8) "STATE BOARD OF NURSING" OR "NURSING BOARD" MEANS THE 22 STATE BOARD OF NURSING CREATED IN SECTION 12-38-104.

23 SECTION 5. In Colorado Revised Statutes, amend 12-36.5-103 24 as follows:

25 12-36.5-103. Use of professional review committees. 26 (1) (a) The general assembly recognizes that:

27 (I) The medical board AND THE NURSING BOARD, while assuming 28 and retaining ultimate authority for licensure and discipline in accordance 29 with article ARTICLES 36 AND 38 of this title, RESPECTIVELY, and in 30 accordance with this article, cannot practically and economically assume 31 responsibility over every single allegation or instance of purported 32 deviation from the standards of quality for the practice of medicine OR 33 NURSING, from the standards of professional conduct, or from the 34 standards of appropriate care; and that

35 (II) An attempt to exercise such oversight would result in 36 extraordinary delays in the determination of the legitimacy of such THE 37 allegations and would result in the inappropriate and unequal exercise of 38 its THEIR authority to license and discipline physicians PERSONS LICENSED 39 UNDER ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS 40 TITLE AND GRANTED AUTHORITY AS ADVANCED PRACTICE NURSES. 41

(b) It is therefore the intent of the general assembly that the

medical board AND THE NURSING BOARD utilize and allow professional
 review committees and governing boards to assist it THEM in meeting its
 THEIR responsibilities under article ARTICLES 36 AND 38 of this title,
 RESPECTIVELY, and under this article.

5 (2) All physicians PERSONS LICENSED UNDER ARTICLE 36 OF THIS 6 TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND GRANTED 7 AUTHORITY AS ADVANCED PRACTICE NURSES are encouraged to serve 8 upon such professional review committees when called to do so and to 9 study and review in good faith AN OBJECTIVELY REASONABLE MANNER the 10 professional conduct of physicians PERSONS LICENSED UNDER ARTICLE 36 11 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND 12 GRANTED AUTHORITY AS ADVANCED PRACTICE NURSES, including the 13 QUALIFICATIONS, COMPETENCE, AND PROFESSIONAL CONDUCT OF, AND 14 THE quality and appropriateness of patient care PROVIDED BY, THOSE 15 PERSONS.

(3) (a) The use of professional review committees is declared to
be an extension of the authority of the medical board AND NURSING
BOARD. However, except as otherwise provided in this article, nothing in
this article shall limit LIMITS the authority of professional review
committees properly constituted under this article.

21 (b) Professional review committees, the members who constitute 22 such THE committees, governing boards, AUTHORIZED ENTITIES, and 23 persons who participate directly or indirectly in professional review 24 proceedings ACTIVITIES are granted certain immunities from SUIT AND 25 liability FOR DAMAGES arising from actions which THAT are within the 26 scope of their activities and taken in good faith as provided in section 27 12-36.5-105. Such THESE grants of immunity from SUIT AND liability FOR 28 DAMAGES are declared to be necessary to ensure that professional review 29 committees and governing boards can exercise their professional 30 knowledge and judgment.

31 SECTION 6. In Colorado Revised Statutes, amend 12-36.5-104
32 as follows:

33 12-36.5-104. Establishment of professional review committees 34 - function - rules. (1) A professional review committee may be established pursuant to this section to review and evaluate the 35 36 QUALIFICATIONS AND COMPETENCE OF, THE quality and appropriateness 37 of patient care provided by, and the professional conduct of, any 38 physician licensed under article 36 of this title PERSON LICENSED UNDER 39 ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE 40 AND GRANTED AN AUTHORITY AS AN ADVANCED PRACTICE NURSE.

41 (2) Persons Licensed to practice medicine under article 36 of this

1 title PHYSICIANS who are actively engaged in the practice of medicine in 2 this state shall MUST constitute a majority of THE VOTING MEMBERS OF any 3 professional review committee established pursuant to this section FOR 4 PHYSICIANS AND PHYSICIAN ASSISTANTS; except for those boards THAT 5 PHYSICIANS NEED NOT CONSTITUTE THE MAJORITY OF THE VOTING 6 MEMBERS OF A BOARD authorized by paragraph (g) of subsection (4) of 7 this section OR AN INDEPENDENT THIRD PARTY DESIGNATED BY A 8 GOVERNING BOARD UNDER PARAGRAPH (b) OF SUBSECTION (8) OF THIS 9 SECTION.

(3) A utilization and quality control peer review organization, as
 defined pursuant to 42 U.S.C. sec. 1320c-1, or any other organization
 performing similar review services under federal or state law shall be IS
 an approved professional review committee under this article.

(4) Any A professional review committee established by any of
the following organizations, entities, or professional societies shall be
AUTHORIZED ENTITIES IS an approved professional review committee
under this article if it operates pursuant to IN SUBSTANTIAL COMPLIANCE
WITH written bylaws, policies, or procedures that are in compliance with
this article and that have been approved by its THE AUTHORIZED ENTITY'S
governing board:

(a) The medical OR NURSING staff of a hospital licensed pursuant
to part 1 of article 3 of title 25, C.R.S., or certified pursuant to section
25-1.5-103 (1) (a) (II), C.R.S.;

(b) The medical OR NURSING staff of a hospital-related
corporation. For the purposes of this paragraph (b), a corporation AN
ENTITY is A "hospital-related CORPORATION" if the licensed or certified
hospital or holding company of such THE LICENSED OR CERTIFIED hospital
has ownership or control of such corporation THE ENTITY;

(c) A society or association of physicians whose membership
includes not less than one-third of the doctors of medicine or doctors of
osteopathy licensed to practice and residing in this state, if the physician
whose services are the subject of the review is a member of such THE
society or association;

(d) A society or association of physicians licensed to practice and
residing in this state and specializing in a specific discipline of medicine,
whose society or association has been designated by the medical board as
the A specialty society or association representative of physicians
practicing such THE specific discipline of medicine, if the physician
whose services are the subject of the review is a member of such THE
specialty society or association;

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(e) An individual practice association or a preferred provider

organization comprised CONSISTING of at least twenty-five physicians or 1 2 a medical group which THAT predominantly serves members of a health 3 maintenance organization licensed pursuant to parts 1 and 4 of article 16 4 of title 10, C.R.S. A professional review committee established pursuant 5 to this paragraph (e) shall have HAS jurisdiction to review only physicians 6 who are members of the association or organization creating and 7 authorizing that committee; except that such THE professional review 8 committee may review the care provided to a particular patient referred 9 by a member of such THE association or organization to another physician 10 who is not a member of such THE association or organization.

(f) A corporation authorized to insure physicians PERSONS
LICENSED UNDER ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE
38 OF THIS TITLE AND GRANTED AUTHORITY AS ADVANCED PRACTICE
NURSES pursuant to article 3 of title 10, C.R.S., or any other corporation
ORGANIZATION authorized to insure such physicians PERSONS in this state
when designated by the medical board OR NURSING BOARD under
subsection (5) of this section;

(g) THE governing boards BOARD of any AUTHORIZED entity which
THAT has a professional review committee established pursuant to article
36 OR ARTICLE 38 of this title;

(h) Any peer PROFESSIONAL review committee established or
created by a combination or pooling of any of the organizations
authorized by this section to have a professional review committee
ENTITIES;

25 (i) (I) A nonprofit corporation or association comprised 26 CONSISTING of representatives from a statewide medical PROFESSIONAL 27 society and a statewide hospital association. Such THE association shall 28 be comprised MUST CONSIST of physicians PERSONS LICENSED UNDER 29 ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE 30 AND GRANTED AUTHORITY AS ADVANCED PRACTICE NURSES, hospital 31 administrators, and hospital trustees, with a majority of such THE 32 representatives being physicians PERSONS LICENSED UNDER ARTICLE 36 OF 33 THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND GRANTED 34 AUTHORITY AS ADVANCED PRACTICE NURSES. The association may 35 establish, or contract for, one or more peer PROFESSIONAL review 36 committees to review the care by hospital staff physicians HEALTH CARE 37 PROVIDERS, with priority given to small rural medical HOSPITAL staffs. 38 Such peer THESE PROFESSIONAL review services shall MUST be available 39 statewide on a fee-for-service basis to licensed or certified hospitals at the 40 joint request of the governing body BOARD and the medical OR NURSING 41 staff of the hospital or at the sole request of the governing body BOARD

1 of the hospital. If a physician MEMBER being reviewed specializes in a 2 generally recognized specialty of medicine OR NURSING, at least one of 3 the physicians HEALTH CARE PROVIDERS on the peer PROFESSIONAL 4 review committee shall MUST be a physician practicing PERSON LICENSED 5 UNDER ARTICLE 36 OF THIS TITLE, OR LICENSED UNDER ARTICLE 38 OF THIS 6 TITLE AND GRANTED AUTHORITY AS AN ADVANCED PRACTICE NURSE, WHO 7 PRACTICES such specialty. 8 (II) For purposes of the introductory portion to this subsection (4) 9 AND THIS PARAGRAPH (i), the bylaws, policies, and OR procedures shall 10 MUST be in SUBSTANTIAL compliance with this article and be approved by 11 the nonprofit corporation or association. 12 (j) The medical OR NURSING staff of an ambulatory surgical center 13 licensed pursuant to part 1 of article 3 of title 25, C.R.S.; 14 (k) A PROFESSIONAL SERVICES ENTITY ORGANIZED PURSUANT TO 15 SECTION 12-36-134; 16 (1)A PROVIDER NETWORK THAT INCLUDES HEALTH CARE 17 PROVIDERS ORGANIZED PURSUANT TO PART 3 OF ARTICLE 18 OF TITLE 6, 18 C.R.S.; 19 (m) A HEALTH SYSTEM THAT INCLUDES TWO OR MORE 20 AUTHORIZED ENTITIES WITH A COMMON GOVERNING BOARD; 21 (n) A TRUST ORGANIZATION ESTABLISHED UNDER ARTICLE 70 of22 TITLE 11, C.R.S.; 23 (0) AN ENTITY LICENSED PURSUANT TO PARTS 1 AND 4 OF ARTICLE 24 16 OF TITLE 10, C.R.S.; AND 25 (p) AN ACCOUNTABLE CARE ORGANIZATION ESTABLISHED UNDER 26 THE FEDERAL "PATIENT PROTECTION AND AFFORDABLE CARE ACT", 27 PUB.L. 111-148, OR OTHER ORGANIZATION WITH A SIMILAR FUNCTION. 28 (5) The medical board AND THE NURSING BOARD, WITH RESPECT 29 TO THE LICENSEES SUBJECT TO THEIR JURISDICTION, may establish by rule 30 procedures necessary to authorize other health care or physician 31 organizations or professional societies to AS AUTHORIZED ENTITIES THAT 32 MAY establish professional review committees. 33 (6) (a) A professional review committee acting pursuant to this 34 part 1 may investigate or cause to be investigated: 35 (I) The qualifications AND COMPETENCE of any physician licensed 36 under article 36 of this title PERSON LICENSED UNDER ARTICLE 36 OF THIS 37 TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND GRANTED 38 AUTHORITY AS AN ADVANCED PRACTICE NURSE who seeks to subject 39 himself or herself to the authority of any organization, entity, or 40 professional society listed in subsection (4) of this section or any 41 organization or professional society that has been authorized by the medical board to establish a professional review committee pursuant to
 subsection (5) of this section AUTHORIZED ENTITY; or

(II) The quality or appropriateness of patient care rendered by, or
the professional conduct of, any physician licensed under article 36 of this
title PERSON LICENSED UNDER ARTICLE 36 OF THIS TITLE OR LICENSED
UNDER ARTICLE 38 OF THIS TITLE AND GRANTED AUTHORITY AS AN
ADVANCED-PRACTICE NURSE who is subject to the authority of such
organization, entity, or professional society THE AUTHORIZED ENTITY.

9 (b) Such THE PROFESSIONAL REVIEW COMMITTEE SHALL CONDUCT 10 THE investigation shall be conducted in SUBSTANTIAL conformity with 11 written bylaws, policies, or procedures adopted by such organization, 12 entity, or professional society THE AUTHORIZED ENTITY'S GOVERNING 13 BOARD.

(7) The written bylaws, policies, or procedures of any professional
review committee shall FOR LICENSED PHYSICIANS AND PHYSICIAN
ASSISTANTS MUST provide for at least the following:

17 (a) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS 18 PARAGRAPH (a), if the findings of any investigation indicate that the 19 LICENSED physician OR PHYSICIAN ASSISTANT who is the subject of the 20 investigation is lacking in qualifications OR COMPETENCY, has provided 21 substandard or inappropriate patient care, or has exhibited inappropriate 22 professional conduct AND THE PROFESSIONAL REVIEW COMMITTEE TAKES 23 OR RECOMMENDS AN ACTION TO ADVERSELY AFFECT THE PHYSICIAN'S OR 24 PHYSICIAN ASSISTANT'S MEMBERSHIP, AFFILIATION, OR PRIVILEGES WITH 25 THE AUTHORIZED ENTITY, the professional review committee shall hold 26 a hearing unless the physician waives his right to a hearing, to consider 27 the findings except that, AND RECOMMENDATIONS UNLESS THE PHYSICIAN 28 OR PHYSICIAN ASSISTANT WAIVES, IN WRITING, THE RIGHT TO A HEARING.

(II) If the professional review committee is submitting its findings
 AND RECOMMENDATIONS to another professional review committee for
 review, only one hearing shall be IS necessary prior to any appeal before
 the governing body BOARD.

(b) Any A person who has participated in the course of any AN
investigation shall be IS disqualified as a member of the PROFESSIONAL
REVIEW committee at any THAT CONDUCTS A hearing held pursuant to
paragraph (a) of this subsection (7), but such THE person may participate
as a witness in such THE hearing.

(c) The physician AUTHORIZED ENTITY SHALL GIVE REASONABLE
NOTICE OF THE HEARING, AND OF ANY FINDING OR RECOMMENDATION
THAT WOULD ADVERSELY AFFECT THE PHYSICIAN'S OR PHYSICIAN
ASSISTANT'S MEMBERSHIP, AFFILIATION, OR PRIVILEGES WITH THE

AUTHORIZED ENTITY TO THE PHYSICIAN OR PHYSICIAN ASSISTANT who is
 the subject of any AN investigation, shall be given reasonable notice of
 such hearing and shall have THE PHYSICIAN OR PHYSICIAN ASSISTANT HAS
 a right to be present, to be represented by legal counsel at such THE
 hearing, and to offer evidence in his OR HER own behalf.

6 (d) After such THE hearing, the professional review committee
7 THAT CONDUCTED THE HEARING shall make any recommendations it
8 deems necessary to the governing board, unless OTHERWISE provided by
9 federal law or regulation.

10 (e) THE PROFESSIONAL REVIEW COMMITTEE SHALL GIVE a copy of 11 such THE recommendations shall be given to the subject physician OR 12 PHYSICIAN ASSISTANT, who then shall have HAS the right to appeal the 13 findings and recommendations of the professional review committee to the governing board to which the recommendations are made WITH 14 15 REGARD TO ANY FINDING OR RECOMMENDATION THAT WOULD ADVERSELY 16 AFFECT THE PHYSICIAN'S OR PHYSICIAN ASSISTANT'S MEMBERSHIP, 17 AFFILIATION, OR PRIVILEGES WITH THE AUTHORIZED ENTITY.

(f) THE PROFESSIONAL REVIEW COMMITTEE SHALL FORWARD a
copy of any recommendations made pursuant to paragraph (d) of this
subsection (7) shall be promptly forwarded to the medical board.

21 (8) (a) All governing boards shall adopt written bylaws, policies, 22 or procedures UNDER which provide that a physician OR PHYSICIAN 23 ASSISTANT who is the subject of an adverse recommendation by a 24 professional review committee may appeal to the governing board Such 25 FOLLOWING A HEARING IN ACCORDANCE WITH SUBSECTION (7) OF THIS 26 SECTION. THE bylaws, policies, or procedures shall MUST provide that the 27 physician OR PHYSICIAN ASSISTANT shall be given reasonable notice of his 28 OR HER right to appeal and, unless waived by the physician shall have OR 29 PHYSICIAN ASSISTANT, HAS the right to appear before the governing board, 30 to be represented by legal counsel, and to offer such THE argument on the 31 record as he OR SHE deems appropriate.

(b) The bylaws may provide that a committee of not fewer than
three members of the governing board may hear the appeal. such ALSO,
THE bylaws may also allow for an appeal to be heard by an independent
third party designated by the A GOVERNING board UNDER THIS PARAGRAPH
(b).

37 (9) THE WRITTEN BYLAWS, POLICIES, OR PROCEDURES OF ANY
38 PROFESSIONAL REVIEW COMMITTEE FOR ADVANCED PRACTICE NURSES
39 MUST PROVIDE FOR AT LEAST THE FOLLOWING:

40 (a) ONE OR MORE LICENSED NURSES WHO ARE REGISTERED AS 41 ADVANCED PRACTICE NURSES WHO ARE ACTIVELY ENGAGED IN THE PRACTICE OF NURSING IN THIS STATE MUST BE MEMBERS OF THE
 PROFESSIONAL REVIEW COMMITTEE ESTABLISHED PURSUANT TO THIS
 SECTION FOR ADVANCED PRACTICE NURSES, EXCEPT THAT ADVANCED
 PRACTICE NURSES NEED NOT BE MEMBERS OF A GOVERNING BOARD OR AN
 INDEPENDENT THIRD PARTY DESIGNATED BY A GOVERNING BOARD, IF
 APPLICABLE TO THE PROFESSIONAL REVIEW PROCESS.

7 (b) THE PROFESSIONAL REVIEW PROCESS FOR ADVANCED PRACTICE 8 NURSES CONDUCTED BY AUTHORIZED ENTITIES THAT ARE NOT LICENSED 9 HEALTH FACILITIES MAY BE SUBSTANTIALLY SIMILAR TO THE PROCESS 10 UNDER SUBSECTIONS (7) AND (8) OF THIS SECTION FOR PHYSICIANS AND 11 PHYSICIAN ASSISTANTS, EXCEPT THAT ADVANCED PRACTICE NURSES WILL 12 SUBSTITUTE FOR PHYSICIAN ASSISTANTS. THE PROFESSIONAL REVIEW 13 COMMITTEE SHALL FORWARD A COPY OF ANY RECOMMENDATIONS TO THE 14 NURSING BOARD.

15 (c) THE PROFESSIONAL REVIEW PROCESS FOR ADVANCED PRACTICE 16 NURSES CONDUCTED BY AUTHORIZED ENTITIES THAT ARE LICENSED 17 HEALTH FACILITIES AND THAT PARTICIPATE IN ANY FEDERAL HEALTH CARE 18 PROGRAM, INCLUDING THE FEDERAL MEDICARE AND MEDICAID PROGRAMS, 19 MAY BE ESTABLISHED IN A MANNER TO COMPLY WITH THE APPLICABLE 20 HEALTH FACILITY LICENSING REQUIREMENTS UNDER TITLE 25, C.R.S., AND 21 ASSOCIATED REGULATIONS, THE FEDERAL "SOCIAL SECURITY ACT", AND 22 THE CONDITIONS FOR COVERAGE OR CONDITIONS OF PARTICIPATION 23 PROMULGATED BY THE CMS, AS APPLICABLE TO THE TYPE OF HEALTH 24 FACILITY. THE PROFESSIONAL REVIEW COMMITTEE SHALL FORWARD A 25 COPY OF ANY RECOMMENDATIONS TO THE NURSING BOARD.

(9) (10) All governing boards that are required to report their final
actions to the medical board OR THE NURSING BOARD, AS APPROPRIATE,
are not otherwise relieved of such THEIR obligations by virtue of any
provision of this article.

30 (10) (11) (a) EXCEPT AS SPECIFIED IN PARAGRAPH (b) OF THIS
 31 SUBSECTION (11), the records of a AN AUTHORIZED ENTITY AND ITS
 32 professional review committee, a ITS governing board, or the committee
 33 on anticompetitive conduct shall ARE not be subject to subpoena or
 34 discovery and shall ARE not be admissible in any civil suit. brought
 35 against a physician who is the subject of such records.

36 (b) Notwithstanding the provisions of paragraph (a) of this
 37 subsection (10), such SUBJECT TO SUBSECTION (14) OF THIS SECTION, THE
 38 records shall be ARE subject to subpoen and available for use:

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(I) By the committee on anticompetitive conduct;

40 (II) By either party in any AN appeal or de novo proceeding 41 brought pursuant to this part 1;

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(III) By a physician PERSON LICENSED UNDER ARTICLE 36 OF THIS
 TITLE, OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND GRANTED
 AUTHORITY AS AN ADVANCED PRACTICE NURSE, in a suit seeking judicial
 review of any AN action by the governing board;

5 (IV) BY THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND 6 ENVIRONMENT IN ACCORDANCE WITH ITS AUTHORITY TO ISSUE OR 7 CONTINUE A HEALTH FACILITY LICENSE OR CERTIFICATION FOR AN 8 AUTHORIZED ENTITY;

9 (V) BY THE CMS IN ACCORDANCE WITH ITS EVALUATION PROCESS 10 FOR FEDERAL HEALTH CARE PROGRAM PARTICIPATION BY AN AUTHORIZED 11 ENTITY;

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(IV) (VI) By a governing board seeking judicial review;

(VII) BY THE MEDICAL BOARD WITHIN THE SCOPE OF ITS
AUTHORITY OVER LICENSED PHYSICIANS AND PHYSICIAN ASSISTANTS; AND
(VIII) BY THE NURSING BOARD WITHIN THE SCOPE OF ITS
AUTHORITY OVER ADVANCED PRACTICE NURSES.

17 (12) (a) EXCEPT AS PROVIDED IN PARAGRAPH (b) OF THIS
18 SUBSECTION (12), THE RECORDS OF AN AUTHORIZED ENTITY OR ITS
19 PROFESSIONAL REVIEW COMMITTEE MAY BE DISCLOSED TO:

20 (I) THE MEDICAL BOARD, AS REQUESTED BY THE MEDICAL BOARD
21 ACTING WITHIN THE SCOPE OF ITS AUTHORITY OR AS REQUIRED OR
22 APPROPRIATE UNDER THIS ARTICLE OR ARTICLE 36 OF THIS TITLE;

(II) THE NURSING BOARD, AS REQUESTED BY THE NURSING BOARD
ACTING WITHIN THE SCOPE OF ITS AUTHORITY OR AS REQUIRED OR
APPROPRIATE UNDER THIS ARTICLE OR ARTICLE 38 OF THIS TITLE;

26 (III) THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
27 ENVIRONMENT ACTING WITHIN THE SCOPE OF ITS HEALTH FACILITY
28 LICENSING AUTHORITY OR AS THE AGENT OF CMS;

(IV) CMS, IN CONNECTION WITH THE SURVEY AND CERTIFICATION
 PROCESSES FOR FEDERAL HEALTH CARE PROGRAM PARTICIPATION BY AN
 AUTHORIZED ENTITY; AND

32 (V) THE JOINT COMMISSION OR OTHER ENTITY GRANTED DEEMING
 33 AUTHORITY BY CMS, IN CONNECTION WITH A SURVEY OR REVIEW FOR
 34 ACCREDITATION.

(b) THE MEDICAL BOARD, NURSING BOARD, AND COLORADO
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL NOT MAKE
FURTHER DISCLOSURES OF ANY RECORDS DISCLOSED BY AN AUTHORIZED
ENTITY OR ITS PROFESSIONAL REVIEW COMMITTEE UNDER THIS SECTION.
(13) THE RECORDS OF AN AUTHORIZED ENTITY OR ITS
PROFESSIONAL REVIEW COMMITTEE OR GOVERNING BOARD MAY BE

41 SHARED BY AND AMONG AUTHORIZED ENTITIES AND THEIR PROFESSIONAL

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REVIEW COMMITTEES AND GOVERNING BOARDS CONCERNING THE
 QUALIFICATIONS, COMPETENCE, AND PROFESSIONAL CONDUCT OF, AND
 QUALITY AND APPROPRIATENESS OF PATIENT CARE PROVIDED BY, A
 HEALTH CARE PROVIDER WHO SEEKS TO SUBJECT HIMSELF OR HERSELF TO,
 OR IS CURRENTLY SUBJECT TO, THE AUTHORITY OF THE AUTHORIZED
 ENTITY.

7 (14) RESPONDING TO A SUBPOENA OR DISCLOSING OR SHARING OF 8 OTHERWISE PRIVILEGED RECORDS AND INFORMATION PURSUANT TO 9 SUBSECTION (11), (12), OR (13) OF THIS SECTION DOES NOT CONSTITUTE A 10 WAIVER OF THE PRIVILEGE SPECIFIED IN PARAGRAPH (a) OF SUBSECTION 11 (11) OF THIS SECTION OR A VIOLATION OF THE CONFIDENTIALITY 12 REQUIREMENTS OF SUBSECTION (15) OF THIS SECTION. RECORDS PROVIDED 13 TO ANY GOVERNMENTAL AGENCY, INCLUDING THE DEPARTMENT OF PUBLIC 14 HEALTH AND ENVIRONMENT, THE MEDICAL BOARD, AND THE NURSING 15 BOARD PURSUANT TO SUBSECTION (11) OR (12) OF THIS SECTION ARE NOT 16 PUBLIC RECORDS SUBJECT TO THE "COLORADO OPEN RECORDS ACT", PART 17 2 OF ARTICLE 72 OF TITLE 24, C.R.S. A PERSON PROVIDING THE RECORDS 18 TO AN AUTHORIZED ENTITY OR ITS PROFESSIONAL REVIEW COMMITTEE OR 19 GOVERNING BOARD, THE DEPARTMENT OF PUBLIC HEALTH AND 20 ENVIRONMENT, THE MEDICAL BOARD, THE NURSING BOARD, CMS, THE 21 JOINT COMMISSION, OR OTHER GOVERNMENTAL AGENCY IS ENTITLED TO 22 THE SAME IMMUNITY FROM SUIT AND LIABILITY FOR DAMAGES AS 23 PROVIDED UNDER SECTION 12-36.5-105 FOR THE DISCLOSURE OF THE 24 RECORDS.

(11) At the request of the medical board, a governing board shall
provide the medical board with the complete record of all professional
review proceedings, including, but not limited to, the findings,
recommendations, and actions taken.

(12) (15) Investigations, examinations, hearings, meetings, or any
 AND other proceedings of a professional review committee or governing
 board conducted pursuant to the provisions of this part 1 shall be ARE
 exempt from the provisions of any law requiring that proceedings be
 conducted publicly or that the minutes or records, INCLUDING ANY
 MINUTES, be open to public inspection.

(13) (16) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (11),
 (12), OR (13) OF THIS SECTION, all proceedings, recommendations, records,
 and reports involving professional review committees or governing
 boards shall be ARE confidential.

39 (14) (17) A professional review committee or governing board
 40 which THAT is constituted and conducts its reviews and activities pursuant
 41 to the provisions of SUBSTANTIALLY IN ACCORDANCE WITH this part 1 is

declared not to be an unlawful conspiracy in violation of section 6-4-104
 or 6-4-105, C.R.S.

3 SECTION 7. In Colorado Revised Statutes, 12-36.5-104.4,
4 amend (1) as follows:

5 12-36.5-104.4. Hospital professional review committees. The quality and appropriateness of patient care rendered by 6 (1)7 physicians PERSONS LICENSED UNDER ARTICLE 36 OF THIS TITLE, LICENSED 8 UNDER ARTICLE 38 OF THIS TITLE AND GRANTED AUTHORITY AS 9 ADVANCED PRACTICE NURSES, and other licensed health care professionals 10 so influence the total quality of patient care that a review of care provided 11 in a hospital is ineffective without concomitantly reviewing THE overall 12 QUALIFICATIONS, COMPETENCE, AND PROFESSIONAL CONDUCT OF, AND 13 THE quality and appropriateness of care rendered by, physicians and other 14 licensed health care professionals SUCH PERSONS.

15 SECTION 8. In Colorado Revised Statutes, add 12-36.5-104.6
16 as follows:

17 12-36.5-104.6. Governing boards to register with medical
18 board - annual reports - aggregation and publication of data - rules.
(1) EACH GOVERNING BOARD THAT ESTABLISHES OR USES ONE OR MORE
20 PROFESSIONAL REVIEW COMMITTEES TO REVIEW THE PRACTICE OF
21 PHYSICIANS OR PHYSICIAN ASSISTANTS SHALL:

(a) REGISTER WITH THE MEDICAL BOARD IN A FORM SATISFACTORY
TO THE MEDICAL BOARD ON OR BEFORE JULY 1, 2013, IF THE GOVERNING
BOARD HAS EXISTING PROFESSIONAL REVIEW COMMITTEES, OR, IF THE
GOVERNING BOARD ESTABLISHES A PROFESSIONAL REVIEW COMMITTEE ON
OR AFTER JULY 1, 2013, WITHIN THIRTY DAYS AFTER APPROVING THE
WRITTEN BYLAWS, POLICIES, OR PROCEDURES FOR THE PROFESSIONAL
REVIEW COMMITTEE; AND

(b) REPORT ON ITS PROFESSIONAL REVIEW ACTIVITIES DURING THE
IMMEDIATELY PRECEDING CALENDAR YEAR IN A FORM SATISFACTORY TO
THE MEDICAL BOARD. THESE REPORTS MUST INCLUDE THE NUMBER AND
TYPE OF CASES REVIEWED AND THE RESULTS OF SUCH REVIEWS, IN
AGGREGATE FORM AND WITHOUT INDIVIDUALLY IDENTIFIABLE
INFORMATION CONCERNING THE SUBJECT PHYSICIANS OR PHYSICIAN
ASSISTANTS.

36 (2) THE MEDICAL BOARD SHALL PUBLISH THE DATA PROVIDED
37 PURSUANT TO PARAGRAPH (b) OF SUBSECTION (1) OF THIS SECTION IN
38 AGGREGATE FORM AND WITHOUT INDIVIDUALLY IDENTIFIABLE
39 INFORMATION CONCERNING THE SUBJECT PHYSICIANS OR PHYSICIAN
40 ASSISTANTS OR THE AUTHORIZED ENTITY.

41 (3) THE MEDICAL BOARD SHALL ADOPT RULES TO IMPLEMENT THIS

SECTION AND MAY COLLECT A REASONABLE REGISTRATION FEE TO
 RECOVER ITS DIRECT AND INDIRECT COSTS OF ADMINISTERING THE
 REGISTRATION AND PUBLICATION SYSTEMS REQUIRED BY THIS SECTION.

4 SECTION 9. In Colorado Revised Statutes, add 12-36.5-104.8
5 as follows:

6 12-36.5-104.8. Governing boards to register with nursing
7 board - annual reports - aggregation and publication of data - rules.
8 (1) EACH GOVERNING BOARD THAT ESTABLISHES OR USES ONE OR MORE
9 PROFESSIONAL REVIEW COMMITTEES TO REVIEW THE PRACTICE OF
10 ADVANCED PRACTICE NURSES SHALL:

(a) REGISTER WITH THE NURSING BOARD IN A FORM SATISFACTORY
TO THE NURSING BOARD ON OR BEFORE JULY 1, 2013, IF THE GOVERNING
BOARD HAS EXISTING PROFESSIONAL REVIEW COMMITTEES, OR, IF THE
GOVERNING BOARD ESTABLISHES A PROFESSIONAL REVIEW COMMITTEE ON
OR AFTER JULY 1, 2013, WITHIN THIRTY DAYS AFTER APPROVING THE
WRITTEN BYLAWS, POLICIES, OR PROCEDURES FOR THE PROFESSIONAL
REVIEW COMMITTEE; AND

(b) REPORT ON ITS PROFESSIONAL REVIEW ACTIVITIES DURING THE
IMMEDIATELY PRECEDING CALENDAR YEAR IN A FORM SATISFACTORY TO
THE NURSING BOARD. THESE REPORTS MUST INCLUDE THE NUMBER AND
TYPE OF CASES REVIEWED AND THE RESULTS OF SUCH REVIEWS, IN
AGGREGATE FORM AND WITHOUT INDIVIDUALLY IDENTIFIABLE
INFORMATION CONCERNING THE SUBJECT ADVANCED PRACTICE NURSES.

(2) THE NURSING BOARD SHALL PUBLISH THE DATA PROVIDED
PURSUANT TO PARAGRAPH (b) OF SUBSECTION (1) OF THIS SECTION IN
AGGREGATE FORM AND WITHOUT INDIVIDUALLY IDENTIFIABLE
INFORMATION CONCERNING THE SUBJECT ADVANCED PRACTICE NURSES OR
THE AUTHORIZED ENTITY.

(3) THE NURSING BOARD SHALL ADOPT RULES TO IMPLEMENT THIS
 SECTION AND MAY COLLECT A REASONABLE REGISTRATION FEE TO
 RECOVER ITS DIRECT AND INDIRECT COSTS OF ADMINISTERING THE
 REGISTRATION AND PUBLICATION SYSTEMS REQUIRED BY THIS SECTION.

33 SECTION 10. In Colorado Revised Statutes, amend 12-36.5-105
34 as follows:

12-36.5-105. Immunity from suit and liability. (1) A member
of a professional review committee, GOVERNING BOARD, HEARING PANEL,
OR INDEPENDENT THIRD PARTY DESIGNATED BY A GOVERNING BOARD
UNDER SECTION 12-36.5-104 (8) (b); A PERSON SERVING ON THE STAFF OF
THAT COMMITTEE, BOARD, PANEL, OR THIRD PARTY; a witness OR
CONSULTANT before a professional review committee; or AND any person
who files a complaint or otherwise participates in the professional review

1 process shall be IS immune from suit in any civil or criminal action, 2 including antitrust actions, brought by a physician who is the subject of 3 the review by such professional review committee, if such member made 4 a reasonable effort to obtain the facts of the matter as to which he acted. 5 acted in the reasonable belief that the action taken by him was warranted 6 by the facts, and otherwise acted in good faith within the scope of such 7 professional review committee process and if such witness or participant 8 acted in good faith within the scope of such professional review 9 committee process AND IS IMMUNE FROM LIABILITY FOR DAMAGES UNLESS, 10 IN CONNECTION WITH THE PROFESSIONAL REVIEW PROCESS, THE PERSON 11 PROVIDED FALSE INFORMATION AND KNEW THAT THE INFORMATION WAS 12 FALSE.

13 (2) The governing board the individual members of such board 14 and the AUTHORIZED entity that has established a peer PROFESSIONAL 15 review committee pursuant to section 12-36.5-104 the board's staff, any person acting as a witness or consultant to the board, any witness 16 testifying in a proceeding authorized under this article, and any person 17 18 who lodges a complaint pursuant to this article shall be immune from 19 liability in any civil action brought against him or her for acts occurring 20 while acting in his or her capacity as board member, staff, consultant, or 21 witness, respectively, if such individual was acting in good faith within 22 the scope of his or her respective capacity, made a reasonable effort to 23 obtain the facts of the matter as to which he or she acted, and acted in the 24 reasonable belief that the action taken by him or her was warranted by the 25 facts. Any person participating in good faith in lodging a complaint or 26 participating in any investigative or administrative proceeding pursuant 27 to this article shall be immune from any civil or criminal liability that may 28 result from such participation IS IMMUNE FROM SUIT IN ANY CIVIL OR 29 CRIMINAL ACTION, INCLUDING ANTITRUST ACTIONS, AND IS IMMUNE FROM 30 LIABILITY FOR DAMAGES IF THE PROFESSIONAL REVIEW ACTION WAS 31 TAKEN WITHIN THE SCOPE OF THE PROFESSIONAL REVIEW PROCESS AND 32 WAS TAKEN:

33 (a) IN THE OBJECTIVELY REASONABLE BELIEF THAT THE ACTION
34 WAS IN THE FURTHERANCE OF QUALITY HEALTH CARE;

35 (b) AFTER AN OBJECTIVELY REASONABLE EFFORT TO OBTAIN THE
 36 FACTS OF THE MATTER;

37 (c) IN THE OBJECTIVELY REASONABLE BELIEF THAT THE ACTION38 TAKEN WAS WARRANTED BY THE FACTS; AND

39 (d) IN ACCORDANCE WITH PROCEDURES THAT, UNDER THE
40 CIRCUMSTANCES, WERE FAIR TO THE PERSON LICENSED UNDER ARTICLE 36
41 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND

1 GRANTED AN AUTHORITY AS AN ADVANCED PRACTICE NURSE.

2 SECTION 11. In Colorado Revised Statutes, 12-36.5-106,
3 amend (2), (5), (7), (8), (9) introductory portion, (9) (a), (9) (b), (9) (e),
4 (9) (f), (9) (k), (9) (n), (10), (12), and (13) as follows:

5 12-36.5-106. Committee on anticompetitive conduct - rules.
(2) The committee shall be composed CONSISTS of five persons, none of
whom shall be IS a member of the medical board, APPOINTED AS
FOLLOWS:

9 (a) THE MEDICAL BOARD SHALL APPOINT four members of the 10 committee, shall WHO MUST be licensed to practice medicine PROVIDE 11 HEALTH CARE and actively engaged in the practice of medicine in this 12 state. and shall be appointed by the medical board. No A member 13 APPOINTED PURSUANT TO THIS PARAGRAPH (a) shall NOT practice in the 14 same medical subspecialty as any other member nor AND SHALL NOT 15 conduct his or her primary practice in the same county as any other 16 member.

(b) THE GOVERNOR SHALL APPOINT one member shall be
appointed by the governor and shall be WHO IS an attorney licensed to
practice in this state AND who has particular expertise and experience in
the area of antitrust law.

21 (5) The committee shall annually elect a chairman CHAIR from 22 among its members. Any three members of the committee shall constitute 23 a quorum. Any action of a majority of those present comprising such THE 24 quorum shall be IS the action of the committee. Committee members shall 25 be ARE compensated as provided in section 24-34-102 (13), C.R.S. The 26 committee may in its discretion, utilize the expertise of consultants, 27 including but not limited to, legal, medical, and business specialists. THE 28 COMMITTEE SHALL ASSESS AND COLLECT costs of such THE consultants 29 shall be assessed and collected as provided in subsection (11) of this 30 section.

31 (7) Any physician A HEALTH CARE PROVIDER who is the subject 32 of a final action by a governing board, which action results in the denial, 33 termination, or restriction of privileges at or membership in or 34 participation in an organization, and who believes that such THE action 35 resulted from unreasonable anticompetitive conduct shall have, as his sole 36 and exclusive remedy, MAY SEEK direct review of the record by the 37 committee. such THE review, shall be WHICH IS THE HEALTH CARE 38 PROVIDER'S EXCLUSIVE REMEDY, IS limited to the sole issue of whether 39 such THE final board action resulted from unreasonable anticompetitive 40 conduct. Failure to exhaust this administrative remedy before the 41 committee shall preclude PRECLUDES the right of de novo review on the

1 merits of the issue of unreasonable anticompetitive conduct.

(8) Nothing in this article shall preclude PRECLUDES a physician
or health care provider otherwise aggrieved by the final action of a
governing board from seeking other remedies available to them by law,
except as provided in subsection (7) of this section.

6 (9) Review by The committee shall be CONDUCT THE REVIEW in 7 accordance with the following procedures and, to the extent practicable, 8 in accordance with the procedures used in the district courts of this state:

9 (a) Review shall be initiated THE AGGRIEVED HEALTH CARE 10 PROVIDER MUST INITIATE THE REVIEW by filing a verified complaint with 11 the committee, no later than thirty days after receipt of a notice of final 12 action by the governing board, alleging, with specificity, all facts 13 disclosed in the record and all additional facts known to the complainant 14 which THAT would support his OR HER allegation that the final action 15 taken by the governing board resulted from unreasonable anticompetitive 16 conduct.

(b) The committee shall mail a copy of such THE complaint to the
governing board and the professional review committee by certified mail,
return receipt requested, within five days of AFTER the receipt of such THE
complaint by the committee, advising them of their right to file a verified
answer to the allegations stated therein Receipt of such complaint by mail
shall make IN THE COMPLAINT. The recipients thereof OF THE COMPLAINT
BECOME a party to these proceedings UPON RECEIPT OF THE COMPLAINT.

(e) If the committee finds THAT no such probable cause exists, it
shall dismiss the complaint, which dismissal shall constitute CONSTITUTES
final administrative action.

27 (f) If the committee finds such THAT probable cause exists, it shall 28 schedule a hearing. At such THE hearing, the committee shall review the 29 record below on the sole issue of whether the final action of the 30 governing board resulted from unreasonable anticompetitive conduct and 31 shall take evidence only with regard to the additional facts specifically 32 alleged in the complaint or answer regarding unreasonable 33 anticompetitive conduct, except when, in the discretion of the committee, 34 the interests of a fair hearing demand otherwise.

(k) If the committee finds by a preponderance of evidence that the final action of the governing board resulted from unreasonable anticompetitive conduct, it shall issue its final order disapproving and setting aside such THE action or modifying the action taken by the governing board in whole or in part, which final order shall be IS binding on the parties. THE COMMITTEE SHALL MAIL a copy of such THE order shall be mailed by certified mail, return receipt requested, to the parties. 1 (n) In any case presented to the committee where the medical 2 HEALTH CARE practice of the complainant constitutes a clear and present 3 danger to patients, the committee shall refer the case to the medical board 4 OR NURSING BOARD, AS APPLICABLE, for such action as the board deems 5 appropriate.

6 (10) (a) Following final administrative action by the committee,
7 such action of the committee may be reviewed only by the court of
8 appeals MAY REVIEW THE ACTION OF THE COMMITTEE through appropriate
9 proceedings brought pursuant to section 24-4-106 (11), C.R.S.

10 (b) Following final administrative action by the committee, any 11 A party aggrieved by the final action of a governing board who wishes to 12 challenge the action of such THE governing board, rather than the 13 committee's review of such THE action, shall have HAS the right to seek 14 de novo review on the merits in a district court in Colorado. In no event 15 shall the medical board, NURSING BOARD, or the committee be made 16 parties to such a THE district court action.

17 (c) As a condition of filing a complaint under paragraph (a) of 18 subsection (9) of this section, the complainant shall post a cash bond or 19 equivalent liquid security of three thousand dollars to cover anticipated 20 costs which THAT may be assessed against him OR HER. Within thirty days 21 of AFTER receipt of service of a complaint on a governing board, or 22 concurrently with the filing of an answer, whichever is earlier, the 23 governing board shall post a cash bond or equivalent liquid security of 24 three thousand dollars to cover anticipated costs which THAT may be 25 assessed against it as a party. The committee may enforce this latter 26 requirement through the district court.

(12) The committee shall promulgate such rules and regulations
as may be necessary for the implementation of this section, including
mechanisms to secure the payment of costs as provided in paragraph (c)
of subsection (10) and subsection (11) of this section.

31 (13) Any A member of the committee, any A member of the 32 committee's staff, any A person acting as a witness or consultant to the 33 committee, any A witness testifying in a proceeding authorized under this 34 article, and any A person who lodges a complaint pursuant to this article 35 shall be ARE immune from liability in any civil action brought against him 36 or her for acts occurring while acting in his or her capacity as committee 37 member, staff, consultant, or witness, respectively, if such THE individual 38 was acting in good faith AN OBJECTIVELY REASONABLE MANNER within 39 the scope of his or her respective capacity, made a reasonable effort to 40 obtain the facts of the matter as to which he or she acted, and acted in the 41 reasonable belief that the action taken by him or her was warranted by the

facts. Any person participating in good faith in lodging a complaint or
participating in any investigative or administrative proceeding pursuant
to this article shall be IS immune from any civil or criminal liability that
may result from such THE participation.

5 SECTION 12. In Colorado Revised Statutes, amend 12-36.5-202
6 as follows:

7 12-36.5-202. Rules - compliance with reporting requirements 8 of federal act. Upon implementation of THE MEDICAL BOARD MAY 9 PROMULGATE RULES TO COMPLY WITH THE REPORTING REQUIREMENTS OF 10 the federal "Health Care Quality Improvement Act of 1986", as amended, 42 U.S.C. secs. 11101 through 11152, and upon implementation of TO 11 12 PARTICIPATE IN the federal data bank. the medical board shall promulgate 13 rules to comply with such act which rules are consistent with the 14 standards and the reporting requirements of such act.

15 SECTION 13. In Colorado Revised Statutes, amend 12-36.5-203
16 as follows:

17 12-36.5-203. Limitations on liability relating to professional 18 review actions. (1) The following persons shall ARE IMMUNE FROM SUIT 19 AND not be liable for damages in any A civil action with respect to their 20 participation in, assistance to, or reporting of information to a 21 professional review body COMMITTEE in connection with a professional 22 review action in this state, and such THE persons shall ARE IMMUNE FROM 23 SUIT AND not be liable for damages in any A civil action with respect to 24 their participation in, assistance to, or reporting of information to a 25 professional review body which COMMITTEE THAT meets the standards of 26 and is in conformity with the provisions of the federal "Health Care 27 Quality Improvement Act of 1986", as amended, 42 U.S.C. secs. 11101 28 through 11152: upon implementation of such act by the federal 29 government:

30 (a) The AN AUTHORIZED ENTITY, professional review body
 31 COMMITTEE, OR GOVERNING BOARD;

32 (b) Any person acting as a member of or staff to the AUTHORIZED
 33 ENTITY, professional review body COMMITTEE, OR GOVERNING BOARD;

34 (c) Any person under a contract or other formal agreement with
 35 the professional review body A WITNESS, CONSULTANT, OR OTHER PERSON
 36 WHO PROVIDED INFORMATION TO THE AUTHORIZED ENTITY, PROFESSIONAL
 37 REVIEW COMMITTEE, OR GOVERNING BOARD; AND

38 (d) Any person who participates with or assists the professional
39 review body COMMITTEE OR GOVERNING BOARD with respect to the
40 professional review action ACTIVITIES.

(2) Notwithstanding any other provision of law, no person,

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1 whether as a witness or otherwise, who provides information to a 2 professional review body regarding the competence or professional 3 conduct of a physician shall be held, by reason of having provided such 4 information, liable in damages in any civil action unless such information 5 is false and the person providing it knew that such information was false. 6 (3) For the purposes of this section, unless the context otherwise 7 requires:

8 (a) "Professional review action" means an action or 9 recommendation of a professional review body which COMMITTEE, 10 INCLUDING A GOVERNING BOARD, THAT is taken or made in the conduct 11 of professional review activity and which THAT is based on the QUALITY 12 AND APPROPRIATENESS OF PATIENT CARE PROVIDED BY, AND THE 13 QUALIFICATIONS, competence, or professional conduct of, an individual 14 physician PERSON LICENSED UNDER ARTICLE 36 OF THIS TITLE OR LICENSED UNDER ARTICLE 38 OF THIS TITLE AND GRANTED AN AUTHORITY 15 16 AS AN ADVANCED PRACTICE NURSE, which conduct ACTION affects or may affect adversely the PERSON'S clinical privileges of or membership in a 17 18 professional society of the physician AN AUTHORIZED ENTITY. 19 "Professional review action" includes a formal decision by the 20 professional review body COMMITTEE, INCLUDING A GOVERNING BOARD, 21 not to take an action or make a recommendation as provided in this 22 paragraph (a) and also includes professional review activities relating to 23 a professional review action. An action shall IS not be considered to be 24 based upon the competence or professional conduct of a physician 25 HEALTH CARE PROVIDER if the action is primarily based on:

26 (I) The physician's PERSON'S association or lack of association
27 with a professional society or association;

(II) The physician's PERSON'S fees or his OR HER advertising or
 engaging in other competitive acts intended to solicit or retain business;

(III) The physician's PERSON'S association with, supervision of,
 delegation of authority to, support for, training of, or participation in a
 private group practice with a member or members of a particular class of
 health care practitioners or professionals;

34 (IV) The physician's PERSON'S participation in prepaid group
35 health plans, salaried employment, or any other manner of delivering
36 health services whether on a fee-for-service basis or other basis;

(V) Any other matter that does not relate to the QUALITY AND
APPROPRIATENESS OF PATIENT CARE PROVIDED BY, OR THE
QUALIFICATIONS, competence, or professional conduct of, a physician
PERSON LICENSED UNDER ARTICLE 36 OF THIS TITLE OR LICENSED UNDER
ARTICLE 38 OF THIS TITLE AND GRANTED AN AUTHORITY AS AN ADVANCED

1 PRACTICE NURSE.

(b) "Professional review body" means a health care entity and the
governing body or any committee of a health care entity which conducts
professional review actions and includes any committee of the medical
staff of such an entity when assisting the governing body in a professional
review activity.
SECTION 14. In Colorado Revised Statutes, 12-36-118, amend

8 (10) (b) as follows:

9 12-36-118. Disciplinary action by board - immunity - rules.
(10) (b) For purposes of the records related to a complaint filed pursuant
to this section against a licensee, the board shall be considered IS a
professional review committee, the records related to the complaint shall
include all records described in section 12-36.5-102 (4) (7), and section
12-36.5-104 (10) shall apply (11) APPLIES to those records.

15 SECTION 15. Effective date. (1) Except as otherwise provided
 16 in subsection (2) of this section, this act takes effect July 1, 2012.

17 (2) Section 11 of this act takes effect only if House Bill 12-129718 does not become law.

SECTION 16. Safety clause. The general assembly hereby finds,
 determines, and declares that this act is necessary for the immediate
 preservation of the public peace, health, and safety.".

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