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**HOUSE BILL NO. 1543**

Offered January 18, 2008

A *BILL to amend the Code of Virginia by adding in Title 32.1 a chapter numbered 5.3, consisting of sections numbered 32.1-162.23 through 32.1-162.26, relating to surgical complications reporting; penalty.*

Patrons—Janis and Lohr

Referred to Committee on Health, Welfare and Institutions

**Be it enacted by the General Assembly of Virginia:**

**1. That the Code of Virginia is amended by adding in Title 32.1 a chapter numbered 5.3, consisting of sections numbered 32.1-162.23 through 32.1-162.26, as follows:**

**CHAPTER 5.3.****SURGICAL COMPLICATIONS REPORTING.**

§ 32.1-162.23. *Definitions.*

*As used in this chapter:*

*"Department" means the Department of Health.*

*"Elective outpatient surgical procedure" means any surgical procedure that is not medically necessary and is performed on an outpatient basis.*

*"Medical treatment" means, but is not limited to, hospitalization, laboratory tests, surgery, or prescription of drugs.*

*"Physician report" means the report required under § 32.1-162.24.*

§ 32.1-162.24. *Physician report required.*

*A. A physician shall file a written report with the Department regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is the result of an elective outpatient surgical procedure.*

*B. The report shall be submitted within 30 days of the discharge or death of the patient treated for the complication and shall contain all information required pursuant to § 32.1-162.25 that is available to the physician.*

*C. The physician report shall not contain the patient's name, social security number, or any other common identifiers that would make it possible to discern the patient's identity.*

§ 32.1-162.25. *Contents of report.*

*A. Each physician report required under this chapter shall contain the following information:*

*1. The type of elective procedure that was performed;*

*2. The patient's age and race;*

*3. The patient's residency status, including city, county, or town of residence;*

*4. The date the procedure was performed;*

*5. The date on which the complication was diagnosed;*

*6. The name and type of facility where the procedure was performed;*

*7. Whether the physician performing the procedure has been subject to license revocation or suspension or other professional sanction;*

*8. The condition of the patient that led to treatment, including, but not limited to, hemorrhage, damage to major organs, renal failure, metabolic disorder, shock, embolism, coma, or death;*

*9. The type of anesthetic, if any, used for each procedure; and*

*10. The amount billed to cover the treatment of the complication, including whether under: (i) a fee-for-service insurance company, (ii) a managed care company, or (iii) another type of health benefit.*

*B. Nothing in this chapter shall be construed as an instruction to discontinue collecting data currently being collected.*

§ 32.1-162.26. *Violation of the provisions of the chapter; penalty.*

*Willful violation of the provisions of this chapter shall constitute a Class 1 misdemeanor.*

INTRODUCED

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