

**REVENUE:** No revenue impact

**FISCAL:** Fiscal statement issued

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed
<b>Vote:</b>	3 - 0 - 2
<b>Yeas:</b>	Gordly, Kruse, Monnes Anderson
<b>Nays:</b>	0
<b>Exc.:</b>	Carter, Courtney
<b>Prepared By:</b>	Shannon Strumpfer, Administrator
<b>Meeting Dates:</b>	2/5, 4/16

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**WHAT THE MEASURE DOES:** Defines “insurer” relating to persons making payments in response to claims for professional negligence. Defines certain persons within meaning of “insured” for purposes of claim reporting requirement. Defines “claim” relating to professional negligence. Specifies that reporting requirement continues to apply to public body if public body is substituted in place of insured as defendant in claim of alleged professional negligence. Requires that any board that receives a complaint must keep it confidential if the claim does not result in a settlement that involves payment to the claimant. Declares emergency; takes effect upon passage.

**ISSUES DISCUSSED:**

- Peer review process for discussion of medical treatment and protocol

**EFFECT OF COMMITTEE AMENDMENT:** Clarifies reporting requirements and board action in the event of a claim. Imposes penalty of not more than \$10,000 on health care facilities that fail to report any official action against licensees.

**BACKGROUND:** In 2005, media attention around former Kaiser Permanente surgeon Dr. Jayant Patel increased interest in Oregon’s malpractice reporting laws.

In 1991, a law was changed which required only malpractice insurance companies to report lawsuits to the State Board of Medical Examiners. Based on this law, Kaiser Permanente did not report the malpractice suits to the board because it was self-insured.

SB 337A clarifies the reporting requirements of insurers and public bodies by defining ‘insurer’ and ‘claim.’