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GOVERNOR'S COMMISSION ON PATIENT SAFETY

House Bill 4537

Sponsor: Rep. Paul N. DeWeese

Committee: Health Policy

Complete to 4-10-01

A SUMMARY OF HOUSE BILL 4537 AS INTRODUCED 3-27-01

The bill would add a new section to the Public Health Code to create an 18-member "governor's commission on patient safety" in the Department of Community Health that would systematically study reports of medical errors committed in health facilities or in private practice.

Membership. Commission members would serve for one-year terms, with the 18 commission members being appointed by the governor from the following organizations or their successor organizations as follows:

- Two representatives of the Michigan [Health and] Hospital Association;
- Two representatives of the Michigan State Medical Society;
- Two representatives of the Michigan Osteopathic [Physicians and Surgeons] Association;
- One representative of the Emergency Physicians Association;
- One representative of the Michigan Nursing Association;
- One representative of the Emergency Nurses Association;
- One representative of the Emergency Medical Technician Association;
- Two representatives of the Michigan Pharmacists Association;
- One representative of the Michigan Society for Clinical Laboratory Science; and
- One representative of the Michigan Academy of Physician Assistants.

In addition, the governor also would appoint two health care consumer representatives, and the directors of the Departments of Community Health and of Consumer and Industry Services (which regulates the health care professions). Vacancies on the commission would be filled by gubernatorial appointment and from the same category as the original appointment.

Commission operation. The commission would meet and appoint a chairperson within 30 days after all its members were appointed, and subsequently would meet at the call of the chair or the request of eight commission members. Eight members would constitute a quorum for the transaction of business. Commission business would have to be conducted in public (and public

House Bill 4537 (4-10-01)

notice of the time, date, and place of commission meetings would have to be given) in compliance with the Open Meetings Act. Commission records (writings “prepared, owned, used, in the possession of, or retained by [the commission] in the performance of an official function”) would have to be made available to the public under the Freedom of Information Act.

Report. Not later than one year after the commission were appointed by the governor, it would be required to issue a written report that contained recommendations for improvements in medical practice and a system for reducing medical errors, both in health facilities and in private practice.

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House Bill 4537 (4-10-01)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.