

Senate Bill No. 1875

CHAPTER 816

An act to add Chapter 2.05 (commencing with Section 1339.63) to Division 2 of the Health and Safety Code, relating to health.

[Approved by Governor September 28, 2000. Filed with Secretary of State September 28, 2000.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1875, Speier. Health facilities and clinics: medication-related errors.

Existing law generally regulates the licensure of health facilities and clinics, as defined, and prescribes the duties of the State Department of Health Services in this regard. Under existing law, any person who violates provisions regulating health facilities, or who willfully or repeatedly violates any rule or regulation adopted thereunder is guilty of a misdemeanor.

This bill would make it a condition of licensure that these facilities, with certain exceptions, implement a formal plan, on or before January 1, 2005, to eliminate or substantially reduce medication-related errors in the facility.

Since a violation of the provisions applicable to health facilities is a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Chapter 2.05 (commencing with Section 1339.63) is added to Division 2 of the Health and Safety Code, to read:

CHAPTER 2.05. MINIMIZATION OF MEDICATION-RELATED ERRORS

1339.63. (a) (1) As a condition of licensure under this division, every general acute care hospital, as defined in subdivision (a) of Section 1250, special hospital, as defined in subdivision (f) of Section 1250, and surgical clinic, as defined in paragraph (1) of subdivision (b) of Section 1204, shall adopt a formal plan to eliminate or substantially reduce medication-related errors. With the exception of small and rural hospitals, as defined in Section 124840, this plan shall



include technology implementation, such as, but not limited to, computerized physician order entry or other technology that, based upon independent, expert scientific advice and data, has been shown effective in eliminating or substantially reducing medication-related errors.

(2) Each facility's plan shall be provided to the State Department of Health Services no later than January 1, 2002. Within 90 days after submitting a plan, the department shall either approve the plan, or return it to the facility with comments and suggestions for improvement. The facility shall revise and resubmit the plan within 90 days after receiving it from the department. The department shall provide final written approval within 90 days after resubmission, but in no event later than January 1, 2003. The plan shall be implemented on or before January 1, 2005.

(b) Any of the following facilities that is in the process of constructing a new structure or retrofitting an existing structure for the purposes of complying with seismic safety requirements shall be exempt from implementing a plan by January 1, 2005:

(1) General acute care hospitals, as defined in subdivision (a) of Section 1250.

(2) Special hospitals, as defined in subdivision (f) of Section 1250.

(3) Surgical clinics, as defined in paragraph (1) of subdivision (b) of Section 1204.

(c) The implementation date for facilities that are in the process of constructing a new structure or retrofitting an existing structure shall be six months after the date of completion of all retrofitting or new construction. The exemption and new implementation date specified in this paragraph shall apply to those facilities that have construction plans and financing for these projects in place no later than July 1, 2002.

(d) For purposes of this chapter, a "medication-related error" means any preventable medication-related event that adversely affects a patient in a facility listed in subdivision (a), and that is related to professional practice, or health care products, procedures, and systems, including, but not limited to, prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government



Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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