

“(c) DUTIES OF CERTIFIED ENTITIES.—

“(1) **IN GENERAL.**—An entity that is certified under subsection (a) shall collect and analyze information, consistent with the requirement of subsection (b), provided to the entity under section 924(a)(4) to improve patient safety.

“(2) **INFORMATION TO BE REPORTED TO THE ENTITY.**—A medical event analysis entity shall, on a periodic basis and in a format that is specified by the Director, submit to the Director a report that contains—

“(A) a description of the medical events that were reported to the entity during the period covered under the report;

“(B) a description of any corrective action taken by providers of services with respect to such medical events or any other measures that are necessary to prevent similar events from occurring in the future; and

“(C) a description of the systemic changes that entities have identified, through an analysis of the medical events included in the report, as being needed to improve patient safety.

“(3) **COLLABORATION.**—A medical event analysis entity that is collaborating with a health care provider or provider of services to address close calls and adverse events may, at the request of the health care provider or provider of services—

“(A) provide expertise in the development of root cause analyses and corrective action plan relating to such close calls and adverse events; or

“(B) collaborate with such provider of services to identify on-going risk reduction activities that may enhance patient safety.

“(d) **CONFIDENTIALITY AND PEER REVIEW PROTECTIONS.**—Notwithstanding any other provision of law, any information (including any data, reports, records, memoranda, analyses, statements, and other communications) collected by a medical event analysis entity or developed by or on behalf of such an entity under this part shall be confidential in accordance with section 925.

“(e) TERMINATION AND RENEWAL.—

“(1) **IN GENERAL.**—The certification of an entity under this section shall terminate on the date that is 3 years after the date on which such certification was provided. Such certification may be renewed at the discretion of the Director.

“(2) **NONCOMPLIANCE.**—The Director may terminate the certification of a medical event analysis entity if the Director determines that such entity has failed to comply with this section.

“(f) **IMPLEMENTATION.**—In implementing strategies to carry out the functions described in subsection (c), the Director may contract with public or private entities on a national or local level with appropriate expertise.

“SEC. 924. PROVIDER OF SERVICES SYSTEMS FOR REPORTING MEDICAL EVENTS.

“(a) **INTERNAL MEDICAL EVENT REPORTING SYSTEMS.**—Each provider of services that elects to participate in a medical error reporting system under this part shall—

“(1) establish a system for—

“(A) identifying, collecting information about, and evaluating medical events that occur with respect to a patient in the care of the provider of services or a practitioner employed by the provider of services, that may include—

“(i) the provision of a medically coherent description of each event so identified;

“(ii) the provision of a clear and thorough accounting of the results of the investigation of such event under the system; and

“(iii) a description of all corrective measures taken in response to the event; and

“(B) determining appropriate follow-up actions to be taken with respect to such events;

“(2) establish policies and procedures with respect to when and to whom such events are to be reported;

“(3) take appropriate follow-up action with respect to such events; and

“(4) submit to the appropriate medical event analysis entity information that contains de-

scriptions of the medical events identified under paragraph (1)(A).

“(b) **PROMOTING IDENTIFICATION, EVALUATION, AND REPORTING OF CERTAIN MEDICAL EVENTS.—**

“(1) **IN GENERAL.**—Notwithstanding any other provision of law any information (including any data, reports, records, memoranda, analyses, statements, and other communications) developed by or on behalf of a provider of services with respect to a medical event pursuant to a system established under subsection (a) shall be privileged in accordance with section 925.

“(2) **RULES OF CONSTRUCTION.**—Nothing in this subsection shall be construed as prohibiting—

“(A) disclosure of a patient’s medical record to the patient;

“(B) a provider of services from complying with the requirements of a health care oversight agency or public health authority; or

“(C) such an agency or authority from disclosing information transferred by a provider of services to the public in a form that does not identify or permit the identification of the health care provider or provider of services or patient.

“SEC. 925. CONFIDENTIALITY.

“(a) **CONFIDENTIALITY AND PEER REVIEW PROTECTIONS.**—Notwithstanding any other provision of law—

“(1) any information (including any data, reports, records, memoranda, analyses, statements, and other communications) developed by or on behalf of a health care provider or provider of services with respect to a medical event, that is contained in the National Patient Safety Database, collected by a medical event analysis entity, or developed by or on behalf of such an entity, or collected by a health care provider or provider of services for use under systems that are developed for safety and quality improvement purposes under this part—

“(A) shall be privileged, strictly confidential, and may not be disclosed by any other person to which such information is transferred without the authorization of the health care provider or provider of services; and

“(B) shall—

“(i) be protected from disclosure by civil, criminal, or administrative subpoena;

“(ii) not be subject to discovery or otherwise discoverable in connection with a civil, criminal, or administrative proceeding;

“(iii) not be subject to disclosure pursuant to section 552 of title 5, United States Code (the Freedom of Information Act) and any other similar Federal or State statute or regulation; and

“(iv) not be admissible as evidence in any civil, criminal, or administrative proceeding; without regard to whether such information is held by the provider or by another person to which such information was transferred;

“(2) the transfer of any such information by a provider of services to a health care oversight agency, an expert organization, a medical event analysis entity, or a public health authority, shall not be treated as a waiver of any privilege or protection established under paragraph (1) or established under State law.

“(b) **PENALTY.**—It shall be unlawful for any person to disclose any information described in subsection (a) other than for the purposes provided in such subsection. Any person violating the provisions of this section shall, upon conviction, be fined in accordance with title 18, United States Code, and imprisoned for not more than 6 months, or both.

“(c) **APPLICATION OF PROVISIONS.**—The protections provided under subsection (a) and the penalty provided for under subsection (b) shall apply to any information (including any data, reports, memoranda, analyses, statements, and other communications) collected or developed pursuant to research, including demonstration projects, with respect to medical error reporting supported by the Director under this part.

“SEC. 926. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated to carry out this part, \$50,000,000 for fiscal year 2001, and such sums as may be necessary for subsequent fiscal years.”

SEC. 2504. EFFECTIVE DATE.

The amendments made by section 2503 shall become effective on the date of the enactment of this Act.

This Act may be cited as the “Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2001”.

UNANIMOUS CONSENT AGREEMENT—H.R. 4577

AMENDMENT NO. 3714

Mr. WARNER. Mr. President, during wrap-up of H.R. 4577, the Labor appropriations bill, amendment No. 3714, which had been agreed to, was inadvertently displaced. I ask unanimous consent that the amendment be placed back in its original position in the bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 3633

Mr. WARNER. Mr. President, I ask unanimous consent that with respect to amendment No. 3633, previously agreed to, a correction be made with the following change:

On line 7, strike \$1,065,000,000 and insert in lieu thereof \$1,075,000,000.

The PRESIDING OFFICER. Without objection, it is so ordered.

DISABLED VETERANS’ LIFE MEMORIAL FOUNDATION

Mr. WARNER. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 516, S. 311.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 311) to authorize the Disabled Veterans’ LIFE Memorial Foundation to establish a memorial in the District of Columbia or its environs, and for other purposes.

The Senate proceeded to consider the bill which had been reported from the Committee on Energy and Natural Resources, with amendments, as follows:

(The parts of the bill intended to be stricken are shown in boldface brackets and the parts of the bill intended to be inserted are shown in italic.)

S. 311

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—THE DISABLED AMERICAN VETERANS MEMORIAL**[SECTION 1.] SECTION 101. AUTHORITY TO ESTABLISH MEMORIAL.**

(a) **IN GENERAL.**—[The Disabled] *Notwithstanding section 3(c) of Public Law 99-652, as amended (40 U.S.C. 1003(c)), the Disabled Veterans’ LIFE Memorial Foundation is authorized to establish a memorial on Federal land in the District of Columbia or its environs to honor disabled American veterans who have served in the Armed Forces of the United States.*

(b) **COMPLIANCE WITH STANDARDS FOR COMMEMORATIVE WORKS.**—The establishment of the memorial authorized by subsection (a)