

Senate General Welfare Committee Amendment No. 1

AMENDMENT NO. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 1059*

House Bill No. 876

by deleting all the language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 36, Chapter 3, Part 6, is amended by adding the following as a new section:

(a) The general assembly finds that the reports of incidents of spousal abuse and battering are on the rise in Tennessee and that measures should be taken to statistically document reported incidents so that further study can be undertaken, and reasonable proposals to end the violence be put forth and considered in a rational and deliberate manner. The general assembly further finds that such statistics can be compiled only if health care practitioners are encouraged to report instances of abuse when they examine abused patients. Such voluntary reporting will most likely occur if the law protects both the practitioner's duty to maintain confidentiality, with full civil immunity, and the patient from the types of violence, including acts of revenge, that may result when the batterer is reported. Such reporting system must be administered in a manner that ensures that abused patients are encouraged to seek adequate medical care for their physical and emotional injuries which result from acts of spousal abuse. The general assembly further finds that neither the law enforcement officials statewide, nor the courts, are adequately trained, or equipped by law, to fully address, or reduce, the incidence of spousal abuse and domestic violence.

(b) Any health care practitioner licensed or certified under Title 63, who knows, or has reasonable cause to suspect, that a patient's injuries, whether or

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not such injuries cause a patient's death, are the result of domestic violence or abuse, is encouraged to report to the office of vital statistics on a monthly basis. The report shall not disclose the name or identity of the patient, but should include the nature and extent of the patient's injuries, the substance in summary fashion of any statements made by the patient, including comments concerning past spousal abuse with the patient's current spouse or previous partner(s), that would reasonably give rise to suspicion of spousal abuse. The practitioner shall include any other information upon which the suspicion of abuse is based.

(c) In the event of treatment of a patient by more than one (1) health practitioner, it is the duty of the supervising practitioner of the unit or department providing treatment, or of any other health practitioner designated by the unit or department, to ensure that the required reports are made on a timely basis.

(d) Any person making any report pursuant to this part, including an employee or agent of a health care practitioner licensed under Title 63 in the reasonable performance of such person's duties and within the scope of their authority, shall be presumed to be acting in good faith and shall thereby be immune from any liability, civil or criminal, that might otherwise be incurred or imposed including administrative actions for licensure revocation. Any person alleging lack of good faith has the burden of proving bad faith. Such reporter shall have the same immunity with respect to participation in any judicial proceeding resulting from such report, or in any judicial or administrative proceeding in which the information so reported is subpoenaed, examined, or considered.

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(e)

(1) The identity of a person who reports abuse, neglect, or exploitation, and the information so reported, as contemplated under this section are confidential and privileged and may not be revealed unless a court with jurisdiction under this part so orders for good cause shown.

(2) Except as otherwise provided in this section, it is unlawful for any person, except for purposes directly connected with the administration of this part, to disclose, receive, make use of, authorize or knowingly permit, participate, or acquiesce in the use of any list or the name of, or any information concerning, a practitioner participating in the voluntary reporting system.

(3) A violation of this subsection is a Class B misdemeanor.

(f) On a form to be created jointly by the Tennessee Task Force Against Domestic Violence and the Tennessee Medical Association, in consultation with the bureau of vital statistics, each health care practitioner should file a summary report on a monthly basis, of the incidents of spousal abuse to the Tennessee bureau of vital statistics. The bureau of vital statistics shall compile such statistics in a meaningful fashion, in consultation with the Tennessee Task Force Against Domestic Violence, and by presenting the information for each of the twelve (12) community health agencies statewide. At the end of each calendar year, the bureau shall file a report of the incidence of spousal abuse with the

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speakers of both houses, the Tennessee Task force Against Domestic Violence,
and the Tennessee Medical Association.

SECTION 2. This act shall take effect on July 1, 1996, the public welfare
requiring it.