BON SECOURS MERCY HEALTH

Ohio Senate Health Committee
Sub. House Bill 73 - Opponent Testimony
June 12, 2024

Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, on behalf of Bon Secours Mercy Health (BSMH) thank you for the opportunity to provide opponent testimony on Substitute House Bill 73.

My name is Michelle Stultz. I serve as Vice President of Credentialing Verification Organization at BSMH. I have been a medical services professional (MSP) for 30 years, holding national certifications in both credentialing and privileging. I am also the immediate past president of the National Association of Medical Staff Services (NAMSS).

I am here today to address the temporary privileges requirement provided in House Bill 73 and why requiring these to be issued within five days could jeopardize patient safety. This timeframe is also burdensome for the MSP obtaining the practitioner information and for medical staff leadership when making the decision with the hospital CEO to grant privileges.

Credentialing and privileging practitioners protects patients.

Credentialing is the process of assessing and validating the qualifications of a practitioner to provide patient care in a healthcare environment. It is an extensive process of gathering information that serves as the foundation upon which to base decisions. It is required by the Centers for Medicare & Medicaid Services CMS and accrediting bodies such as The Joint Commission (TJC) and it ensures that all patients receive quality care by competent and qualified practitioners.

Privileging is granting approval for an individual to perform a specific procedure or specific set of clinical care activities based on a documented competence in the specialty in which privileges are requested. The granting of privileges is a documented, objective, and evidence-based process, which is based on defined criteria including training, experience and demonstrated current competence.

Credentialing is performed before the privileges can be granted. Federal regulations and accrediting organizations stipulate that certain information must be primary source verified. This means the hospital or health system is required to obtain and verify a credential directly from the original issuing entity. Additionally, hospitals and health systems have their own medical staff bylaws which govern the qualifications they have determined for membership and/or privileges of health care practitioners with credentialing policies and procedures to ensure that this entire process is objective, systematic, and without discrimination or bias.

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Best practice for credentialing initial practitioner applicants includes an evidence-based evaluation to verify the following 13 criteria from primary sources:

1. Proof of Identity
2. Education and Training (from medical school/professional school to present day)
3. Professional Licensure
4. Drug Enforcement Agency (DEA) Registration and State Department of Public Safety and Controlled Dangerous Substance Certifications
5. Board Certification
6. Practice History Timeline
7. Time Gaps Greater than 30 days
8. Military Service
9. Criminal Background Disclosure
10. Sanctions Disclosure/Government Database Checks
11. National Practitioner Data Bank
12. Professional Liability Insurance
13. Professional Peer References

Obtaining this information takes time. It is not a "one size fits all" process.

A practitioner applying for privileges with years of experience may take longer to process than a practitioner right out of residency. Even with the integration of technology not all verifications are automated or provide on-line lookup. It is routine for MSPs to reach out more than once requesting information from a primary source or even to the practitioner directly because information they provided is not accurate e.g., an email address for a peer reference letter to be sent out, completed, and returned.

The credentialing/privileging process is dependent on outside sources who don't always appreciate the urgency to respond to these requests. For all these reasons, requiring the credentialing and privileging process not to exceed five days will be burdensome to many medical staffs and, in some instances, just not reasonable.

CMS does not mention temporary privileges in its regulations. National accrediting organizations, with deemed status, such as TJC, allow for temporary privileges only when there is an urgent patient care need, and no negative or adverse information has been discovered during the credentialing process.

Requiring only a five-day turnaround for the credentialing of a practitioner will negate the very process that is in place to protect patients.

I appreciate this opportunity to testify today, and I am available to answer any questions that you may have.