



Maryland
Hospital Association

Senate Bill 372-Physicians - Discipline - Procedures and Effects

Position: Oppose

Bill Summary

SB 372 would require a disciplinary panel to obtain a third peer review report from a certain source or dismiss certain complaints against licensed physicians if only one of the two peer review reports makes a certain finding that a certain violation did not occur; requiring the State Board of Physicians to expunge all records of a public reprimand or probation 3 years after the final disposition of the case; providing certain insurers may not take any adverse actions under certain circumstance and prohibit hospitals from using this information as a sole reason to apply discipline actions.

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 62-member hospitals and health systems, we appreciate the opportunity to bring you our concerns about SB 372, Physicians – Discipline – Procedures and Effects. Hospitals are respectfully concerned that this measure takes away the ability to make critical decisions about the qualifications, skills and competency they require of their medical staffs. Being placed on probation by the Board of Physicians is a serious matter and may result from such egregious safety violations as providing care while intoxicated, abandoning a patient, and exploiting a patient for financial gain.

Violations of professional conduct can occur in any setting of care. As such, hospitals may not be aware a violation occurred until a physician is placed on probation. Consequently, hospitals must be allowed to use the findings of the Board to make determinations regarding their relationship with the physician which might result in a discipline action or may not. Additionally, by removing hospitals' ability to act against a doctor placed on probation by the Board, the bill may violate Joint Commission standards that require hospitals' medical staffs and governing bodies to establish criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the physician's privileges.

Patients' trust hospitals to employ and allow privileges to only the best care providers; hospitals as a result must be able to tailor their own personnel and hiring requirements to the needs of those patients and their communities. That includes having the flexibility to incorporate all available information in the discipline process.

Our main concerns include the following:

- Likely violate Joint Commission standards that mandate the hospital collects information regarding each practitioner's current license status, training, experience, competence and ability to perform the requested privilege.
- Prevents hospitals from determining who is adequately qualified to treat patients at their facilities

- Fails patients by limiting the disclosure of details of a physician's probation
- Limit and violate an employer's rights to determine what policies should be used to determine competent staff
- Concerns that the expungement clause may preclude Maryland from participating in the Interstate Physician Licensure Compact

The goal of the new Enhanced Total Cost of Care Model is to improve the health of communities. To successfully meet this goal, transparency is key. Consumers will need information about providers to make decisions about those who treat them. Hospitals will need access to this information to align with quality physicians and protect patient safety. We therefore urge the committee to consider these patient protections as you consider potential changes to current law.

For these reasons, we urge the committee to give *SB 372 an unfavorable report*.

Date: February 26, 2019

Committee: Education, Health, and Environmental Affairs

MHA Contact: Jennifer Witten, Vice President of Government Affairs