

BILL ANALYSIS

Senate Research Center

C.S.H.B. 3216
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Health Services
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Committee Report (Substituted)

DIGEST

Currently, physicians in this state are required to complete a credentialing application for each health care facility with which they seek or hold or renew an affiliation. The credentialing effort has increased significantly as a result of health care reform and recent changes in the health care delivery and reimbursement system. Much of the information regarding physicians is collected, verified, and stored at the Texas State Board of Medical Examiners as part of the initial licensure process. C.S.H.B. 3216 would regulate the standardization of credentialing of physicians.

PURPOSE

As proposed, C.S.H.B. 3216 regulates the standardization of credentialing of physicians.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the Texas State Board of Medical Examiners in SECTION 2 (Sections 7.05(c) and 7.07, Article 4495b, V.T.C.S. (The Medical Practice Act)) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Provides that the legislature recognizes that an efficient and effective physician credentialing program helps to ensure access to quality health care and also recognizes that physician credentialing activities have increased significantly as a result of health care reform and recent changes in health care delivery and reimbursement systems. Provides that the resulting duplication of physician credentialing is unnecessarily costly and cumbersome for both the practitioner and the entity granting practice privileges. Provides that it is therefore, the intent of the legislature that a mandatory credentials collection program be established which provides that, once a physician's core credentials data are collected, validate, maintained, and stored, they need to be collected again.

SECTION 2. Amends Article 4495b, V.T.C.S. (The Medical Practice Act), by adding Subchapter G, as follows:

SUBCHAPTER G. PHYSICIAN CREDENTIALING

Sec. 7.01. DEFINITIONS. Defines "core credentials data," "credentials verification organization," "health care entity," and "physician."

Sec. 7.01A. ASSOCIATIONS. Provides that each provision of this Act that applies to a health care entity also applies to an association that represents federally qualified health centers. Defines "federally qualified health center."

Sec. 7.02. STANDARDIZED CREDENTIALS VERIFICATION PROGRAM. Requires the Texas State Board of Medical Examiners (board), to develop standardized forms and guidelines for and administer the collection, verification, correction, updating, modification, maintenance, and storage of information relating to physician credentials, and the release of that information to health care entities or to the designated credentials verification organization authorized by the physician to receive that information. Provides that once the core credentials data are submitted to the board, the physician is not required to resubmit this initial data when applying for practice privileges with a health care entity, except as provided by Subsection (c). Requires each physician to provide, within 30 days after the information is no longer accurate, any corrections, update, and modification to the core credentials data to the board and resubmit the physician's core credentials

data annually if the physician did not submit a correction, update, or modification during the preceding year. Requires any health care entity that employs, contracts with, or credentials physicians to use the board to obtain core credentials data for items for which the board is designated or accepted as a primary source by national accreditation organization. Authorizes a health care entity to act through its designated credentials verification organization. Provides that this section does not restrict the authority of a health care entity to approve or deny an original or renewal application for hospital staff membership, clinical privileges, or managed care network participation.

Sec. 7.03. FURNISHING OF DATA TO HEALTH CARE ENTITY. Requires the board to make available to a health care entity or its designated credentials verification organization, all core credential data it collects on a physician, by a certain date.

Sec. 7.04. REVIEW OF DATA BY PHYSICIAN. Requires the board, before releasing a physician's core credentials data from its data bank for the first time, to provide to the affected physician 15 business days to review the data and request reconsideration or resolution of errors in, or omissions from the data. Requires the board to include with the data any change or clarification made by the physician. Requires the board to notify a physician of any changes to the physician's core credentials data when a change is made or initiated by a person other than the physician. Authorizes a physician to request to review the physician's core credentials data collected at any time after the initial release of information, but the board is not required by virtue of a request to hold, release, or modify any information.

Sec. 7.05. DUPLICATION OF DATA PROHIBITED. Prohibits a health care entity from collecting or attempting to collect duplicate core credentials data from a physician, if the information is already on file with the board. Provides that this section does not restrict the right of a health care entity to request additional information not included in the core credentials data on file with the board that is necessary for the entity to credential the physician. Authorizes a health care entity or its designated credentials verification organization to collect any additional information required by the health care entity's credentialing process to be collected from a primary sources of that information. Prohibits a state agency from collecting or attempting to collect duplicate core credentials data from a physician, if the information is already on file with the board. Provides that this section does not restrict the right of a state agency to request additional information not included in the core credentials data on file with the board that the agency considers necessary for its specific credentialing purposes. Authorizes the board, by rule, to provide exceptions to the provisions of Subsections (a) and (b) of this section for a request for core credentials data that is necessary for a health care entity to provide temporary privileges during the credentialing process.

Sec. 7.06. IMMUNITY. Provides that a health care entity or its designated credentials verification organization is immune from liability arising from its reliance on data furnished by the board under this subchapter.

Sec. 7.07. RULES. Requires the board to adopt rules necessary to develop and implement the standardized credentials verification program established by this subchapter.

Sec. 7.08. CONFIDENTIALITY. Provides that the information collected, maintained, or stored by the board is privileged and confidential and not subject to legal compulsion for its release.

Sec. 7.09. USE OF INDEPENDENT CONTRACTOR. Authorizes the board to contract with an independent contractor to collect, verify, maintain, store, or release information. Requires the contract to provide for board oversight and for the confidentiality of the information.

Sec. 7.10. FEES. Requires the board to charge and collect fees only in amounts necessary to cover its cost of operating and administering its duties and functions under this subchapter. Authorizes the board to waive the fee for a state agency that is required to obtain the core credentials data and that is prohibited from collecting duplicate data by Section 7.05 of this Act.

Sec. 7.11. GIFTS, GRANTS, AND DONATIONS. Authorizes the board, in addition to any fees paid to the board or money appropriated to the board, to receive and accept gifts, grants, donations, or other things of value from any source.

SECTION 3. Requires the board to implement this Act only if the legislature appropriates money specifically for that purpose. Authorizes the board, but is not required to, to implement the credentials verification program using other appropriations, gifts, grants, or donations available for that purpose, if the legislature does not appropriate money specifically for that purpose.

SECTION 4. Requires the board to make available the core credentials data required by this Act, not later than September 1, 2001, except as provided by Section 3 of this Act. Provides that a health care entity is not required to use the board's core credentials data until September 1, 2001, and not until that data is available from the board for items for which the board is designated or accepted as a primary source by a national accreditation organization.

SECTION 5. Effective date: September 1, 1999.

SECTION 6. Emergency clause.