



Maryland  
Hospital Association

March 7, 2018

To: The Honorable Shane Pendergrass, Chair  
House Health and Government Operations Committee Members

From: Jennifer Witten, Director of Government Relations  
Maryland Hospital Association

Re: Letter of Concern-HB1193 Physicians – Discipline – Procedures and Effects

Dear Chair Pendergrass and Committee Members:

On behalf of the Maryland Hospital Association's (MHA) 64 member hospitals and health systems, we appreciate the opportunity to bring you our concerns about HB 1193, Physicians – Discipline – Procedures and Effects.

**Bill Summary**

HB 1193 would prohibit hospitals from taking “adverse action” against certain physicians based on whether they had been placed on probation, allow a letter of admonishment from the Board of Physicians to be the primary method of discipline in the event of a first-time violation, would not allow that letter to be made public, and would expunge all records of a public reprimand or probation three years after the final deposition of the case.

**MHA Position**

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 take action 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 are that HB 1193:

- May 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

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.