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TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Operations Committee
The Honorable Michael Smigiel

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 7, 2013

RE: **SUPPORT WITH AMENDMENT** – House Bill 1042 – *Hospitals – Credentialing and Privileging Process - Telemedicine*

The Maryland State Medical Society (MedChi), which represents over 7,500 Maryland physicians and their patients, supports House Bill 1042 with amendment.

House Bill 1042 would allow a hospital to “credential” and to “privilege” a medical consultant at a distant-site telemedicine hospital by relying on the credentialing and privileging decisions made on that particular physician by the distant-site hospital. The current draft of the bill is problematic for several reasons although the overall intent of the bill is not.

First, House Bill 1042 should be amended to state that the distant-site physician must be a doctor who is licensed in Maryland; otherwise the Maryland Board of Physicians would have no jurisdiction over review of that doctor’s practice of medicine. Second, the bill should provide that the consultant’s privileging should be subject to the specific approval of the medical staff of the hospital which is on the receiving end of the telemedicine consult. This is the way in which all physicians are currently privileged and there should be no difference for the telemedicine consultant.

The purpose of House Bill 1042 is to allow the “receiving” hospital to deviate from what is known as “primary source” verification of a doctor’s credentials. In the ordinary course with respect to a resident physician, the hospital would verify a doctor’s credentials from their “primary sources” (medical school, other licensing agencies, board certification groups, etc.). In the telemedicine context, such “primary source” verification would lead to extensive delays and expense particularly if a Maryland hospital would have to do primary source

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credentialing of each telemedicine consultant at, for example, a teaching hospital or large academic institution. House Bill 1042 is an attempt to minimize the disruption caused by “primary source” verification in a telemedicine context.

While MedChi believes that such disruptions and inefficiencies should be reduced, it also believes that there are some basic principles which must be followed. A telemedicine doctor should be a licensed Maryland doctor and the medical staff of the receiving hospital should have final approval as specified in the Proposed Amendment below.

Proposed Amendment: On page 3, line 19 after “subsection,” insert “AND SUBJECT TO SUBPARAGRAPHS (I) AND (II) OF THIS PARAGRAPH”; in the unnumbered line after line 25 insert:

(i) A HOSPITAL MAY ONLY RELY ON THE CREDENTIALING AND PRIVILEGING DECISIONS MADE BY A DISTANT-SITE HOSPITAL OR A DISTANT-SITE TELEMEDICINE ENTITY IF THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES BY TELEMEDICINE HOLDS A LICENSE TO PRACTICE MEDICINE IN THE STATE ISSUED UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE, AND

(ii) THE CREDENTIALING AND PRIVILEGING RECOMMENDATION WITH RESPECT TO THE PHYSICIAN WHO PROVIDES MEDICAL SERVICES BY TELEMEDICINE IS APPROVED BY THE MEDICAL STAFF OF THE HOSPITAL:

- (a) THROUGH THE MEDICAL STAFF’S CREDENTIALING PROCESS; AND
- (b) RECOMMENDED TO THE HOSPITAL GOVERNANCE BODY.

With this amendment, MedChi supports House Bill 1042.

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