

**SUBJECT:** Standards for granting hospital staff privileges

**COMMITTEE:** Public Health — committee substituted recommended

**VOTE:** 9 ayes — Berlanga, Hirschi, Coleman, Delisi, Glaze, Janek, Maxey, McDonald, Rodriguez

0 nays

**WITNESSES:** For — Zachary Eugene, D.O.

Against — None

**DIGEST:** CSHB 585 would expand requirements for hospitals to use in evaluating and granting medical staff privileges to dentists, physicians and podiatrists. A physician's academic medical degree could not be used as the basis for granting or refusing medical staff privileges. Graduate medical education could be used as a standard for privileges only if equal recognition is given to training programs accredited by the Accreditation Council on Graduate Medical Education and by the American Osteopathic Association.

Board certification could be used as a standard only if equal recognition was given to certification programs approved by the American Board of Medical Specialties and the Bureau of Osteopathic Specialists. A hospital could require the applicant to document current clinical competency and professional training and experience.

A hospital's credentials committee would be required to act on an application within 90 days after the application was received and the governing body would be required to take final action not later than the 60th day after the credential committee recommendation. The hospital would be required to notify the applicant in writing of the hospital's final action.

The bill would take immediate effect if approved by two-thirds of the membership of each house.

**SUPPORTERS  
SAY:**

CSHB 585 would amend the Health and Safety Code to ensure equal access to hospital staff privileges for medical doctors, osteopathic doctors, dentists and podiatrists by requiring equal recognition of qualified education and training programs. It would also assure applications for hospital staff privileges are processed in a timely and fair manner.

CSHB 585 would prevent some hospitals from unfairly discriminating against qualified osteopathic doctors by allowing on staff only doctors who have completed medical residencies. It would also discontinue hospital practices of using delay tactics to deny medical staff privileges and of pre-screening applicants prior to formal application.

A hospital's quality of care would not be compromised by equal recognition of qualified education and training programs because CSHB 585 would allow hospitals to require documentation of clinical competency and experience when evaluating physician, dentist or podiatrist qualifications. CSHB 585 would also continue to allow hospitals to adopt reasonable rules and requirements regarding medical staff qualifications and the delineation or curtailment of clinical privileges.

Equitable and reasonable access to hospital staff membership and privileges is increasingly important as managed care and hospital-provider networks grow and dominate the health care delivery system. Hospital staff privileges have become critical in maintaining patient relationships and increasing patient caseloads. Amendments to the Health and Safety Code, under hospital licensing laws, are necessary because requirements under the Medical Practice Act cannot be used to penalize hospitals.

**OPPONENTS  
SAY:**

CSHB 585 is not really necessary; unfair discrimination by hospitals is not common, and the Medical Practice Act already prohibits hospitals from discriminating against osteopathic doctors.

**NOTES:**

The committee substitute added a section to the Health and Safety Code instead of amending a current section. The original bill also only pertained to equal recognition of education and training between medical doctors and

osteopathic doctors, specifically prohibited the use of preapplication forms and allowed an aggrieved physician to bring action against the hospital through the Travis County district attorney or the district attorney of the county in which the violation took place.

A bill almost identical to CSHB 585, SB 965 by Truan, passed the Senate by 30-0 on March 29 and was reported favorably, without amendment, by the House Public Health Committee on April 21. SB 965 is eligible to be considered in lieu of CSHB 585.