

The House Committee on Health and Ecology offers the following substitute to HB 356:

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 1 of Title 43 of the Official Code of Georgia Annotated, relating to
2 general provisions governing professions and businesses, so as to provide for centralized
3 collection of credentialing and recredentialing data for health care practitioners; to provide
4 for a short title and legislative intent; to allow the use of credentials verification organizations
5 and require health care entities desiring core credentials data to obtain it from a credentials
6 verification organization if the health care practitioner so desires; to provide for statutory
7 construction and confidentiality; to provide for access authorization; to provide for costs and
8 data changes; to prohibit certain data collections; to provide for data review and corrections;
9 to provide for limitations of actions, liability, and evidentiary matters; to prohibit denial of
10 participation or privileges; to define certain terms; to amend Article 1 of Chapter 7 of Title
11 31, relating to hospitals and related institutions, so as to provide for an exemption from the
12 centralized collection of credentialing and recredentialing data and for the use of
13 standardized forms; to provide for related matters; to provide an effective date; to repeal
14 conflicting laws; and for other purposes.

15 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

16 Chapter 1 of Title 43 of the Official Code of Georgia Annotated, relating to general
17 provisions governing professions and businesses, is amended by designating the existing
18 provisions as Article 1 and adding a new Article 2 to read as follows:
19

"ARTICLE 2

20
21 43-1-100.

22 This article shall be known and may be cited as the 'Centralized Collection of Credentialing
23 Data for Health Care Practitioners Act.'

1 43-1-101.

2 The General Assembly recognizes that an efficient and effective health care practitioner
3 credentialing data collection program helps to ensure access to quality health care. The
4 General Assembly also recognizes that health care practitioner credentialing activities have
5 increased significantly as a result of health care reform and recent changes in health care
6 delivery and reimbursement systems. Moreover, the resulting duplication of collection of
7 health care practitioner credentialing data is unnecessarily costly and cumbersome for both
8 the health care practitioner and the health care entity granting practice privileges.
9 Therefore, it is the intent of this article that a centralized credentials data collection system
10 be established which provides that a health care practitioner may designate a credentials
11 verification organization to collect, store, and disseminate his or her core credentials data
12 in accordance with this article. Credentialing under this article shall initially apply to
13 persons who provide health care services to patients, including those covered under health
14 care benefit plans, and who are licensed under Chapter 9, Chapter 10A, Chapter 11,
15 Chapter 11A, Chapter 26, Chapter 28, Chapter 30, Chapter 33, Chapter 34, Chapter 35, or
16 Chapter 39 of this title. However, nothing in this article shall be construed to require a
17 health care entity to credential any person or categories of persons, and the provisions of
18 this article shall not apply to the credentialing or recredentialing activities of any health
19 care entity which is a public facility with greater than 900 licensed patient care beds as of
20 July 1, 2001, and for which the majority of its physicians are employed by a university or
21 medical school.

22 43-1-102.

23 As used in this article, the term:

24 (1) 'Applicant' means an individual applying for credentialing by a health care entity but
25 shall not include an individual applying for employment with a health care entity.

26 (2) 'Board' means the applicable licensing board with oversight over each respective
27 category of health care practitioner.

28 (3) 'Certified' or 'accredited' means approved by a quality assessment program of the
29 National Committee for Quality Assurance, the Joint Commission on Accreditation of
30 Healthcare Organizations, the American Accreditation Healthcare
31 Commission/Utilization Review Accreditation Commission, or any affiliated or successor
32 organization thereto.

33 (4) 'Core credentials data' means basic demographic information, health status
34 information pertaining to the health care provider, any professional education,
35 professional training, the names and addresses of not less than five current peer
36 references, licensure information, Drug Enforcement Administration certification, social

1 security number, tax identification number, board certifications, Educational Commission
2 for Foreign Medical Graduates information, hospital affiliation information, managed
3 care organization affiliation information, other institutional affiliation information,
4 professional society memberships, professional liability insurance, claims, lawsuits,
5 judgments, or settlements, medicare or Medicaid sanctions, and criminal convictions.

6 (5) 'Credentialing' or being 'credentialed' means the process of assessing and verifying
7 the qualifications of a licensed health care practitioner by a health care entity but shall not
8 impact or affect functions currently performed by state licensing boards.

9 (6) 'Credentials verification organization' means any entity or organization that is
10 certified or accredited to collect, verify, maintain, store, and provide a health care
11 practitioner's core credentials data, including all corrections, updates, and modifications
12 thereto, as authorized by the health care practitioner and in accordance with the
13 provisions of this article.

14 (7) 'Health care entity' means:

15 (A) Any health care facility or other health care organization licensed or certified to
16 provide approved health care services in Georgia;

17 (B) Any entity licensed by the Georgia Department of Insurance as a prepaid health
18 care plan or health maintenance organization or as an insurer to provide coverage for
19 health care services; or

20 (C) Any independent practice association, physician hospital organization, preferred
21 provider organization, and other similar organization of practitioners.

22 (8) 'Health care practitioner' means any person licensed under Chapter 9, Chapter 10A,
23 Chapter 11, Chapter 11A, Chapter 26, Chapter 28, Chapter 30, Chapter 33, Chapter 34,
24 Chapter 35, or Chapter 39 of this title.

25 (9) 'National accrediting organization' means a nationally recognized organization that
26 awards accreditation or certification to hospitals, managed care organizations, other
27 health care organizations, or credentials verification entities, including, but not limited
28 to, the Joint Commission on Accreditation of Healthcare Organizations, the National
29 Committee for Quality Assurance, and the American Accreditation Healthcare
30 Commission/Utilization Review Accreditation Committee.

31 (10) 'Recredentialing' or being 'recredentialed' means the process by which a health care
32 entity verifies the credentials of a health care practitioner whose core credentials data,
33 including all corrections, updates, and modifications thereto, are currently on file with
34 that entity.

1 43-1-103.

2 (a) In accordance with the provisions of this Code section, a health care practitioner may
3 designate a credentials verification organization to collect, store, and disseminate his or her
4 core credentials data in accordance with this article. Any core credentials data collected
5 pursuant to this article are being collected to be used by health care entities for
6 credentialing health care practitioners and, therefore, shall be considered confidential and
7 privileged information under Code Section 31-7-130. Once the core credentials data are
8 submitted to a designated credentials verification organization, the health care practitioner
9 may elect that he or she not be required to resubmit such data when applying for practice
10 privileges with health care entities or being recredentialed by such entity. However, as
11 provided in subsection (c) of this Code section, each health care practitioner is responsible
12 for providing his or her designated credentials verification organization with any
13 corrections, updates, and modifications to his or her core credentials data to ensure that all
14 credentialing and recredentialed data on the practitioner remain current. Nothing in this
15 subsection shall be construed to prevent the designated credentials verification organization
16 from obtaining all necessary attestation and release forms, including signatures and dates.

17 (b) In the event of an emergency situation or a situation involving the granting of
18 temporary or provisional privileges to practice in or with a health care entity, the health
19 care entity may request the health care practitioner to submit the necessary core data
20 directly, without the involvement of his or her designated credentials verification
21 organization.

22 (c) Each health care practitioner electing to designate a credentials verification
23 organization under subsection (a) of this Code section must report any action or
24 information affecting his or her core credentials data, including any corrections, updates,
25 or modifications thereto, to his or her designated credentials verification organization as
26 soon as possible but not later than 15 days after such action occurs or such information is
27 known.

28 (d) A health care practitioner may decide which credentials verification organization he
29 or she wants to collect, store, and disseminate his or her core credentials data. A health
30 care practitioner may also choose not to designate a credentials verification organization.
31 In addition, any health care practitioner may choose to withdraw from or move his or her
32 core credentials data from one credentials verification organization to another at any time.

33 (e) Any health care entity that employs, contracts with, or allows health care practitioners
34 to treat its patients must use the designated credentials verification organization to obtain
35 core credentials data on a health care practitioner applying for privileges with that entity
36 if the health care practitioner has previously made such a designation and has notified the
37 health care entity of that designation. The submission of a request for participation in or

1 privileges with a health care entity shall constitute authorization for the health care entity
2 to obtain the applicant's core credentials data from the applicant's designated credentials
3 verification organization if the applicant has made such a designation.

4 (f) Any additional information outside of the core credentials data or any incorrect,
5 inaccurate, or untimely core credentials data that is required by the health care entity's
6 credentialing or recredentialing process may be collected from any source of the
7 information either by the health care entity or its designee.

8 (g) Nothing in this Code section may be construed to restrict the right of any health care
9 entity to request the health care practitioner to furnish additional information necessary for
10 credentialing or to limit its authority to require health care practitioners to comply with
11 mandatory reporting directly to the health care entity of any sanctions placed on such
12 practitioners by a state or federal regulatory agency with oversight over such practitioners.

13 (h) Nothing in this Code section may be construed to restrict in any way the authority of
14 the health care entity to approve or deny an application for hospital staff membership,
15 clinical privileges, or managed care network participation.

16 (i) A designated credentials verification organization shall, upon the request of a health
17 care entity required to obtain core credentials data from that organization, disclose its
18 process for obtaining such data.

19 (j) Any credentials verification entity which ceases doing business in this state for any
20 reason shall, no later than 30 days prior to such cessation of business, provide notification
21 to all health care practitioners and health care entities affected thereby, so that alternative
22 provisions for the collection and maintenance of each affected practitioner's core
23 credentials data may be made. Any credentials verification entity which ceases doing
24 business in this state shall be ineligible to be designated as a credentials verification
25 organization under this article for a period of one year after any such cessation of business
26 or three years thereafter if it failed to provide the advance notification required by this
27 subsection.

28 43-1-104.

29 Each designated credentials verification organization shall, within 15 days of a request for
30 information, make available to a health care entity which the health care practitioner has
31 authorized to receive his or her data all core credentials data it collects on such health care
32 practitioner, including all corrections, updates, and modifications thereto, at a reasonable
33 cost. Any health care entity requesting such data shall pass this cost on to the health care
34 practitioner. All additional corrections, updates, and modifications to any core credentials
35 data which are collected by a credentials verification organization for a health care
36 practitioner, including any change to the health care practitioner's designation of a

1 credentials verification organization, shall be provided within 15 days to each of the health
2 care entities which have been authorized to receive such data or notification of a
3 designation from a health care practitioner at no additional cost to the health care entity.

4 43-1-105.

5 (a) Except as otherwise provided by this article, a health care entity may not collect or
6 attempt to collect duplicate core credentials data from any health care practitioner if such
7 data are already on file with a credentials verification organization designated by that
8 practitioner to provide core credentials data to any health care entity and such health care
9 entity has been notified of such designation.

10 (b) Any credentials verification organization which has not been designated by a health
11 care practitioner may not attempt to collect duplicate core credentials data from that health
12 care practitioner once it has been notified of the fact that another credentials verification
13 organization has been designated to collect such data.

14
15 43-1-106.

16 Any credentials verification entity that fails to meet national standards, as outlined by
17 national accrediting organizations under which the credentials verification organization is
18 required to be certified or accredited, may not be selected as the designated credentials
19 verification organization for any health care practitioner until such time as it meets the
20 required certification or accreditation requirements. In addition, if a credentials verification
21 organization repeatedly fails to promptly provide data collected on any health care
22 practitioner to the requesting health care entity in accordance with this article or repeatedly
23 provides incorrect or inaccurate data, the health care entity may inform the health care
24 practitioner of such difficulties and advise the health care practitioner that the actions or
25 inactions of the credentials verification organization are delaying or preventing the health
26 care entity from completing its credentialing of that health care practitioner.

27 43-1-107.

28 Before releasing a health care practitioner's core credentials data for the first time to any
29 requesting health care entity or for the first such release after any corrections, updates, or
30 modifications to the core credentials data, the designated credentials verification
31 organization must provide the affected health care practitioner up to 15 days to review such
32 data and correct any errors or omissions from the data. The credentials verification
33 organization shall include any corrections, changes, or clarifications made by the health
34 care practitioner before such data are submitted to the health care entity. For all subsequent
35 requests from health care entities where there have been no recent corrections, updates, or

1 modifications to the data, the credentials verification organization may, without further
 2 authorization from the health care practitioner, provide the data directly to the requesting
 3 health care entity. In addition, all credentials verification organizations operating in this
 4 state shall employ appropriate procedures to allow for an annual audit of the core
 5 credentials data on file for each health care practitioner and shall, on at least an annual
 6 basis, allow each practitioner the opportunity to review the core data being maintained on
 7 his or her behalf and to make certain that the data on file are still current and accurate in
 8 all respects.

9 43-1-108.

10 (a) No civil, criminal, or administrative action may be instituted, and there shall be no
 11 liability, against any health care entity on account of its reliance in good faith on any data
 12 obtained from a credentials verification organization.

13 (b) Compliance with the provisions of this article shall create a rebuttable presumption that
 14 a health care entity has exercised ordinary care in its reliance on core credentialing data
 15 obtained from the designated credentials verification organization.

16 43-1-109.

17 No health care entity may deny a health care practitioner any participation in, or privileges
 18 with, its plan or facility solely on the basis that such health care practitioner required that
 19 the health care entity obtain core credentials data from a designated credentials verification
 20 organization."

21 **SECTION 1.1.**

22 Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to the
 23 regulation of hospitals and related institutions, is amended by adding after Code Section
 24 31-7-15 a new Code section to read as follows:

25 "31-7-15.1.

26 On and after July 1, 2001, all hospitals which utilize a single common standardized health
 27 care credentialing application form covering the core credentials data required for
 28 credentialing or recredentialing purposes as defined in Code Section 43-1-102 shall be
 29 exempt from the requirements of Article 2 of Chapter 1 of Title 43, the 'Centralized
 30 Collection of Credentialing Data for Health Care Practitioners Act.' However, in addition
 31 to the core credentials data, such common standardized form may include additional
 32 specific data required for credentialing or recredentialing. The common standardized form
 33 shall be used by physicians and other health care professionals applying for practice
 34 privileges with hospitals or when being recredentialized by such hospitals."

SECTION 2.

1

2 This Act shall become effective on July 1, 2001.

3

SECTION 3.

4 All laws and parts of laws in conflict with this Act are repealed.