an effective date.

By the Committee on Health Regulation and Representatives Farkas, Sobel, Ritter, Alexander, Fiorentino, Siplin and Johnson

A bill to be entitled An act relating to health care practitioner credentialing; amending s. 456.047, F.S.; providing intent; revising and providing definitions; revising duties of the Department of Health relating to file maintenance; providing that primary source data verified by the department or its designee may be relied upon to meet accreditation purposes; providing

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 456.047, Florida Statutes, is amended to read:

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456.047 Standardized credentialing for health care practitioners. --

INTENT. -- The Legislature recognizes that an efficient and effective health care practitioner credentialing program helps to ensure access to quality health care and also recognizes that health care practitioner credentialing activities have increased significantly as a result of health care reform and recent changes in health care delivery and reimbursement systems. Moreover, the resulting duplication of health care practitioner credentialing activities is unnecessarily costly and cumbersome for both the practitioner and the entity granting practice privileges. Therefore, it is the intent of this section that a credentials collection program be established which provides that, once a health care practitioner's core credentials data are collected, they need not be collected again, except for corrections, updates, and

modifications thereto. Furthermore, it is the intent of the Legislature that the department and all entities and practitioners work cooperatively to ensure the integrity and accuracy of the program. Participation under this section shall include those individuals licensed under chapter 458, chapter 459, chapter 460, chapter 461, or s. 464.012. However, the department shall, with the approval of the applicable board, include other professions under the jurisdiction of the Division of Medical Quality Assurance in this program, provided they meet the requirements of s. 456.039 or s. 456.0391.

- (2) DEFINITIONS.--As used in this section, the term:
- (a) "Certified" or "accredited," as applicable, means approved by a quality assessment program, from the National Committee for Quality Assurance, the Joint Commission on Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC, or any such other nationally recognized and accepted organization authorized by the department, used to assess and certify any credentials verification program, entity, or organization that verifies the credentials of any health care practitioner.
- (b) "Core credentials data" means data that is primary source verified and includes the following data: current name, any former name, and any alias, any professional education, professional training, licensure, current Drug Enforcement Administration certification, social security number, specialty board certification, Educational Commission for Foreign Medical Graduates certification, and hospital or other institutional affiliations, evidence of professional liability coverage or evidence of financial responsibility as required by s. 458.320, s. 459.0085, or s. 456.048, history of claims,

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suits, judgments, or settlements, final disciplinary action reported pursuant to s. 456.039(1)(a)8. or s. 456.0391(1)(a)8. The department may by rule designate additional core credentials data elements, and Medicare or Medicaid sanctions.

- "Credential" or "credentialing" means the process of assessing and verifying the qualifications of a licensed health care practitioner or applicant for licensure as a health care practitioner.
- "Credentials verification organization" means any organization certified or accredited as a credentials verification organization.
- (e) "Department" means the Department of Health, Division of Medical Quality Assurance.
- "Designated credentials verification organization" means the credentials verification organization which is selected by the health care practitioner, if the health care practitioner chooses to make such a designation.
- (q) "Drug Enforcement Administration certification" means certification issued by the Drug Enforcement Administration for purposes of administration or prescription of controlled substances. Submission of such certification under this section must include evidence that the certification is current and must also include all current addresses to which the certificate is issued.
 - (h) "Health care entity" means:
- 1. Any health care facility or other health care organization licensed or certified to provide approved medical and allied health services in this state;
- 2. Any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance 31 organization or as an insurer to provide coverage for health

care services through a network of providers <u>or similar</u> organization licensed under chapter 627, chapter 636, chapter 641, or chapter 651; or

- 3. Any accredited medical school in this state.
- (i) "Health care practitioner" means any person licensed, or, for credentialing purposes only, any person applying for licensure, under chapter 458, chapter 459, chapter 460, chapter 461, or s. 464.012 or any person licensed or applying for licensure under a chapter subsequently made subject to this section by the department with the approval of the applicable board, except a person registered or applying for registration pursuant to s. 458.345 or s. 459.021.
- (j) "Hospital or other institutional affiliations" means each hospital or other institution for which the health care practitioner or applicant has provided medical services. Submission of such information under this section must include, for each hospital or other institution, the name and address of the hospital or institution, the staff status of the health care practitioner or applicant at that hospital or institution, and the dates of affiliation with that hospital or institution.
- (j)(k) "National accrediting organization" means an organization that awards accreditation or certification to hospitals, managed care organizations, credentials verification organizations, or other health care organizations, including, but not limited to, the Joint Commission on Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC, and the National Committee for Quality Assurance.
- (k) "Primary source verification" means verification of professional qualifications based on evidence obtained

 directly from the issuing source of the applicable qualification or from any other source deemed as a primary source for such verification by the department or an accrediting body approved by the department.

- (1) "Professional training" means any internship, residency, or fellowship relating to the profession for which the health care practitioner is licensed or seeking licensure.
- (m) "Specialty board certification" means certification in a specialty issued by a specialty board recognized by the board in this state that regulates the profession for which the health care practitioner is licensed or seeking licensure.
 - (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM. --
 - (a) Every health care practitioner shall:
- 1. Report all core credentials data to the department which is not already on file with the department, either by designating a credentials verification organization to submit the data or by submitting the data directly.
- 2. Notify the department within 45 days of any corrections, updates, or modifications to the core credentials data either through his or her designated credentials verification organization or by submitting the data directly. Corrections, updates, and modifications to the core credentials data provided the department under this section shall comply with the updating requirements of s. 456.039(3) or s. 456.0391(3) related to profiling.
 - (b) The department shall:
- 1. Maintain a complete, current file of $\underline{applicable}$ core credentials data on each health care practitioner, which shall include \underline{data} provided in accordance with subparagraph

 (a)1. and all updates provided in accordance with subparagraph (a)2.

- 2. Release the core credentials data that is otherwise confidential or exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution and any corrections, updates, and modifications thereto, if authorized by the health care practitioner.
- 3. Charge a fee to access the core credentials data, which may not exceed the actual cost, including prorated setup and operating costs, pursuant to the requirements of chapter 119.
- 4. Develop standardized forms to be used by the health care practitioner or designated credentials verification organization for the initial reporting of core credentials data, for the health care practitioner to authorize the release of core credentials data, and for the subsequent reporting of corrections, updates, and modifications thereto.
- (c) A registered credentials verification organization may be designated by a health care practitioner to assist the health care practitioner to comply with the requirements of subparagraph (a)2. A designated credentials verification organization shall:
- 1. Timely comply with the requirements of subparagraph (a)2., pursuant to rules adopted by the department.
- 2. Not provide the health care practitioner's core credentials data, including all corrections, updates, and modifications, without the authorization of the practitioner.
- (d) This section shall not be construed to restrict in any way the authority of the health care entity to credential and to approve or deny an application for hospital staff

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membership, clinical privileges, or managed care network participation.

- (4) DUPLICATION OF DATA PROHIBITED. --
- (a) A health care entity or credentials verification organization is prohibited from collecting or attempting to collect duplicate core credentials data from any health care practitioner if the information is available from the department. This section shall not be construed to restrict the right of any health care entity or credentials verification organization to collect additional information from the health care practitioner which is not included in the core credentials data file. This section shall not be construed to prohibit a health care entity or credentials verification organization from obtaining all necessary attestation and release form signatures and dates.
- (b) Effective July 1, 2002, a state agency in this state which credentials health care practitioners may not collect or attempt to collect duplicate core credentials data from any individual health care practitioner if the information is already available from the department. This section shall not be construed to restrict the right of any such state agency to request additional information not included in the core credentials credential data file, but which is deemed necessary for the agency's specific credentialing purposes.
- (5) STANDARDS AND REGISTRATION. -- Any credentials verification organization that does business in this state must be fully accredited or certified as a credentials verification organization by a national accrediting organization as specified in paragraph (2)(a) and must 31 register with the department. The department may charge a

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reasonable registration fee, not to exceed an amount sufficient to cover its actual expenses in providing and enforcing such registration. The department shall establish by rule for biennial renewal of such registration. Failure by a registered credentials verification organization to maintain full accreditation or certification, to provide data as authorized by the health care practitioner, to report to the department changes, updates, and modifications to a health care practitioner's records within the time period specified in subparagraph (3)(a)2., or to comply with the prohibition against collection of duplicate core credentials data from a practitioner may result in denial of an application for renewal of registration or in revocation or suspension of a registration.

- (6) PRIMARY SOURCE VERIFIED DATA.--Health care entities and credentials verification organizations may rely upon any data that has been primary source verified by the department or its designee to meet primary source verification requirements of national accrediting organizations.
- (7)(6) LIABILITY.--No civil, criminal, or administrative action may be instituted, and there shall be no liability, against any registered credentials verification organization or health care entity on account of its reliance on any data obtained directly from the department.
- (8)(7) LIABILITY INSURANCE REQUIREMENTS.--Each credentials verification organization doing business in this state shall maintain liability insurance appropriate to meet the certification or accreditation requirements established in this section.
- (9)(8) RULES.--The department shall adopt rules 31 | necessary to develop and implement the standardized core

credentials data collection program established by this section. Section 2. This act shall take effect July 1, 2001. HOUSE SUMMARY Revises provisions relating to health care practitioner credentialing. Provides additional legislative intent. Revises and provides definitions. Revises duties of the Department of Health relating to file maintenance. Provides that primary source data verified by the department or its designee may be relied upon to meet accreditation purposes. See bill for details.