

***Advocating for Oregon's Hospitals & the Patients They Serve***

**Committee:** Chair Monnes Anderson and members of the Senate Health Care and Human Services Committee  
**Bill:** SB 569  
**Date:** March 18, 2013

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On behalf of Oregon's 58 acute care community hospitals, the Oregon Association of Hospitals and Health Systems thanks the committee for allowing us to comment on SB 569, which would standardize the credentialing and privileging of telemedicine providers.

OAHHS and our members appreciate that the delivery of medicine is changing. Less than ten years ago, telemedicine was just emerging onto the health care stage. Today, it is quickly becoming an efficient and effective means of providing health care services regardless of where the patient may be. As this type of care advances, hospitals must ensure the competency of the practitioners treating their patients, both off-site and on-site.

Hospital boards have a legal duty to evaluate the competency of physicians who administer health care services to their patients. In efforts to ensure that patients receive competent medical attention, health care practitioners are required to undergo a process known as credentialing. Credentialing is the practice by which hospitals evaluate and verify the qualifications of their providers to ensure that each individual practitioner possesses the necessary qualifications to provide medical services to patients. This includes verifying that the physician has completed medical training, is licensed to practice in the state where care is being administered, and has no pending medical violations on record.

Once a practitioner is credentialed, the hospital will take further steps to assess the practitioner's competence in a specific area of patient care, through a process known as privileging. Once the hospital has evaluated both the physician's medical practice history and the physician's competency in their intended field of practice, the physician is both credentialed and privileged. Medical staff credentialing and privileging are two of the most important tasks boards undertake to ensure the quality of care in their organizations.

Within Oregon, there are 36 unique hospitals, all of which have different credentialing and privileging standards. SB 569 would allow an originating-hospital to either delegate the credentialing and privileging process to the distant-site hospital or to use the standard process approved by the Oregon Health Authority. **Although OAHHS is neutral on this bill, we are concerned that it would set a new standard for hospitals' autonomy on privileging.** We have members who provider telemedicine services who appreciate this bill, and members receiving the telemedicine services who believe this bill limits their authority to privilege practitioners treating their patients. Ultimately, we must ensure that our hospitals and the patients they serve have confidence in the competence and qualifications of the providers treating them, whether they are physically present or on the other end of telemedicine technology.