



**American Hospital  
Association**

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May 22, 2006

Associate Administrator  
Bureau of Health Professions  
Health Resources and Services Administration  
Room 8-05  
Parklawn Building  
5600 Fishers Lane  
Rockville MD 20857

***RE: National Practitioner Data Bank Proposed Rule: Reporting on Adverse and Negative Actions, Vo. 71, No. 54 Fed. Reg. March 21, 2006***

Dear Associate Administrator:

On behalf of the American Hospital Association (AHA) and our 4,800 member hospitals, health care systems and other health care organizations, and our 35,000 individual members, we appreciate this opportunity to comment on the proposed rule that expands the information reported to the National Practitioner Data Bank (NPDB) by incorporating the statutory requirements under section 1921 of the Social Security Act (as enacted in 1987 and amended in 1990). After implementing Section 1921, the NPDB will include reports from the states on adverse licensure actions taken against health care practitioners and health care entities, as well as negative actions or findings by a state licensing authority, peer review organization, or private accreditation entity. Designated government agencies and authorities, as well as health care entities, will be provided access to the information for use in determining the fitness of those providing health care services.

The AHA supports the goals of the Health Care Quality Improvement Act, under which the National Practitioner Data Bank was created. The act recognizes the importance of encouraging and supporting effective professional peer review to help protect the public from incompetent or dangerous performance by practitioners. The AHA and hospitals across America are engaged in a wide array of activities designed to improve hospitals' ability to reliably meet the medical and emotional needs of patients and their families. None is more important than the peer review, quality assurance and patient safety activities that happen every day.

Under Section 1921 and the proposed rule, hospitals' existing reporting requirements are not affected and no new reporting obligations are created. Hospitals may, however, be



Associate Administrator

May 22, 2006

Page 2 of 2

the subject of reports to the NPDB if they are the subject of adverse licensure, peer review, or accreditation actions. The AHA below offers comments on several of the items for which input was specifically requested.

**Peer review organization reporting**

Under the statute, a negative action or finding by a peer review organization is reportable. Under the proposed rule, a negative action or finding by a peer review organization is a recommendation to sanction a practitioner. Comments have been requested on the application of this definition and provision. We do not anticipate that this provision will affect hospitals. The AHA is not aware of peer review or peer review-like organizations that make recommendations to hospitals to sanction a practitioner. Any and all actions related to sanctioning a practitioner are under the authority of the governing body and the hospital's peer review process.

**Accreditation organization reporting**

The statute also requires the reporting of a negative action or finding by an accreditation organization. In this context the proposed rule defines a negative action as less than full accreditation, indicating a substantial risk to the safety of patient care or quality of health care services and including, but not limited to, denial of accreditation, or nonaccreditation. The AHA supports linking a reportable event to a significant patient care or safety concern. We recommend that only "final" actions be subject to reporting. Any "notice of intent" or action that is a prelude to a more serious action (e.g., an opportunity to provide additional evidence of compliance and/or to appeal the designation within the accrediting body) is premature for reporting purposes. (Similarly, only "final" actions should be subject to reporting by state agencies or authorities or by peer review organizations.)

**Subsequent changes that affect continuing relevance of report**

It is not clear how a hospital's change in circumstance (e.g., change in ownership or discontinuation of a department or service program) will be addressed if it affects a prior adverse action. There should be a way to have the "file" updated if the adverse action, etc., is no longer meaningful when considered under current conditions.

Again, the AHA appreciates the opportunity to comment on this proposed rule. If you have any questions about our comments, please feel free to contact me or Maureen Mudron, Washington counsel, [mmudron@aha.org](mailto:mmudron@aha.org) or 202.626.2301.

Sincerely,

Rick Pollack  
Executive Vice President