

Support:

- Emergency transfer protocol requirements in lieu of mandated hospital privileges or emergency transfer agreements within state licensure requirements for outpatient facilities

Oppose:

- State mandated hospital privileges for office-based surgical facilities and ambulatory surgical centers
- Hospital economic credentialing

In lieu of mandating hospital privileges or hospital transfer agreements for office-based surgical facilities or ambulatory surgical centers, ASDSA recommends that written emergency transfer protocols be required.

Suggested emergency transfer protocols may be based on level of anesthesia used and should include instructions that should be followed in the event of an emergency, any untoward anesthetic, medical or surgical complications, or other conditions making hospitalization of a patient necessary. The instructions should include arrangements for immediate contact of emergency medical services when indicated and when advanced cardiac life support is needed. When emergency medical services are not indicated, the instructions should include procedures for timely escort of the patient to the hospital or to an appropriate practitioner. All office personnel should be familiar with and capable of carrying out written emergency protocols.

ASDSA is opposed to state requirements for licensing a physician's facility that require that a physician have privileges or emergency transfer agreements at a nearby hospital. Virtually all of the minimally invasive procedures performed by dermatologic surgeons are done in outpatient settings.

Too often hospital privileges are based on financial factors unrelated to quality. This practice, known as economic credentialing, is opposed by the American Medical Association.¹ A dominant hospital that institutes conflict of interest policies that exclude physician owners of a competing outpatient center from the hospital's medical staff or refuses to enter into transfer agreements with physician-owned facilities may be violating the antitrust laws.² Such conduct may also constitute the unlawful interference of a physician's patient relationships.³

¹ American Medical Association, *H-230.975 Economic Credentialing*

² *Potters Medical Center v. City Hospital Association*, 800 F.2d 568 (6th Cir. 1986)

³ *Baptist Health v Murphy* (Supreme Court of Arkansas 2010)