Summary of Credentialing Review Subcommittee Recommendations:

Subcommittee Members: Russell Crotty, OD; Dan Rosenthal, PE; Dan Vehle; Doug Vander Broek, DC

We recommend the Credentialing Review process be updated. To this purpose, changes are recommended in the areas of statute, regulation, administration, and procedures of credentialing review. We as a subcommittee would recommend DHHS work on the changes in collaboration with stakeholders providing input on the details. (Involving stakeholders supports the discussion the Allied Health Group had at the meeting hosted by the NMA about both groups collaborating with DHHS during the process). It would also be helpful for Nebraska DHHS to submit a written report about changes that are made to the Procedures Manual to the Board of Health (BOH), with opportunity for discussion at a meeting in order for BOH members to be made aware of any changes that address our involvement in the Credentialing Review process, also known as 407.

The specific recommendations are as follows:

Factors and criteria in considering proposals:

- Modify/clarify criteria on which proposals are to be considered [statutory changes needed]

- Modify/clarify considerations that should be used by review bodies when evaluating how proposals meet or fail to meet each criterion [regulatory changes needed]

Preliminary steps when proposals are approved for review

1. Proposed statutory language should be a required part of the proposal from the applicant group (Administrative)

2. Notify affected licensing boards of 407 review applications so they have the opportunity (if not expectation) to provide input [Regulatory]

3. Clarify how, and at what point(s) in the process, licensing boards would/should provide input or recommendations to the Technical Review Committee (TRC) and/or BOH. Clarify whether such input is requested as a step in the process and expected, or merely invited at the discretion of the licensing board. [Regulatory]

4. Change questions that Applicant groups are expected to address in their applications to provide information to reviewers [Administrative]

5. Shorten total time frame for reviews from 12 months to 9 months (how much time needs to elapse between meetings of TRC, e.g.?) [administrative/(regulatory?)]

6. Develop improved orientation about the 407 process, with a standardized outline, for TRC members and BOH members, which reflects purpose of the program stated in statutes and includes the review considerations that are outlined in regulations [administrative]

Selection of TRC members

Establish protocols for recruiting TRC volunteers [administrative]

Enhance opportunities for vetting TRC volunteers for potential conflicts of interest prior to appointment [administrative]

TRC phase
Establish requirements/expectations for TRC members who are participating virtually to better ensure engagement (TRC members attending virtually should have video engaged at all times unless brief break is required/requested. TRC members attending virtually should have a reliable internet connection or will be asked to attend meetings in person going forward) [administrative]

Provide templates or guidelines for TRC meeting agendas that better assure a standardized approach to allowing participation and engagement and input from proponents and opponents and other interested parties; clarify role of 'public hearing' in relation to other meetings of the TRC; enable opponents and proponents to get clear sense of committee concerns or suggestions while there is still an opportunity to amend proposals prior to a vote; clarify how & when during the process 'ancillary recommendations' could be developed by the TRC. [administrative]

> **Modify and clarify how, and when, proposals may be amended during consideration by TRC in the interests of achieving Credentialing Review Program objectives [administrative and/or regulatory change …. See 172 NAC 4.006]
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> Reference: 006. AMENDING OR WITHDRAWING A PROPOSAL. A proposal may be amended only by the applicant group and only with the approval of a majority of the technical review committee members. A proposal can only be amended prior to the public hearing on the proposal. The applicant group may withdraw the proposal at any time.
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> Discussion: Dr. Vander Broek stated that if an amendment was made to the proposal after the public hearing that would be considered a 'substantial change', a second public hearing would be possible and required. DHHS staff confirmed this to be the case. Does this need clarification in regs to state that an amendment can be made after the initial public hearing or is the current language adequate?

Board of Health phase
Clarify if BOH 'report' can consist of a 'neutral' recommendation (in case of a tie vote, e.g.) [requirement for BOH 'report' is described in statute 71-6225…may require statutory change or at least definitive legal interpretation]

Clarify and standardize protocols for Credentialing Review Committee meetings, including: how/when opponents and proponents may provide input; who votes; whether votes are required/expected on each criterion or simply on proposals in their entirety; whether CRC can offer 'ancillary recommendations'. [administrative]

Other
Current statute states that the 'Director' (Director of DHHS Division of Public Health) should issue the third report. Administratively the Chief Medical Officer currently writes the third report. Why do the current procedures differ from the statutory language?
[administrative change, not currently following statute, needs clarification. Reference on next page].

Clarify process for approval of 'final reports' from TRC and BOH reviews. When these are drafted by staff, proponents and opponents should be given an opportunity to review and offer input or

corrections prior to adoption of final reports that are given to the Director and legislature. [administrative]

Provide more comprehensive orientations about the 407 process to legislature (especially to HHS Committee) [administrative]

For Reference regarding Director vs CMO writing the 3rd/final report:

FROM STATUTE:

71-6226. Director; prepare final report; recommendations.
(1) After receiving and considering reports from the committee or the board, the director shall prepare a final report for the Legislature. The final report shall include copies of the committee report and the board report, if any, but the director shall not be bound by the findings and recommendations of such reports. The director in compiling his or her report shall apply the criteria established in sections 71-6221 to 71-6223 and may consult with the board or the committee. The recommendation of the director shall be developed in a manner consistent with subsection (4) of section 71-6224. The final report shall be submitted electronically to the Speaker of the Legislature, the Chairperson of the Executive Board of the Legislature, and the Chairperson of the Health and Human Services Committee of the Legislature no later than twelve months after the application is submitted to the director and found to be complete and shall be made available electronically to all other members of the Legislature upon request.
(2) The director may recommend that no legislative action be taken on an application. If the director recommends that an application of an applicant group be approved, the director shall recommend an agency to be responsible for the regulation and the level of regulation to be assigned to such applicant group.
(3) An application which is resubmitted shall be considered the same as a new application.

FROM DHHS CREDENTIALING REVIEW PROCEDURE MANUAL:

Section II, #20:

The Director of Public Health is required to prepare a report on each proposal. The Director's report provides the Legislature with reviews that are at least partially based upon an administrative analysis of credentialing proposals. The report reflects consideration of the potential fiscal impact of proposals to a much greater degree than do the other reports, as well as the cumulative effect of multiple proposals and the effect of a proposal on current regulatory administrative systems. Directors are required to utilize the statutory criteria to formulate their recommendations.