Nos. 18-1323, 18-1460

IN THE

Supreme Court of the United States

JUNE MEDICAL SERVICES L.L.C., et al.,

Petitioners-Cross-Respondents,

v.

REBEKAH GEE, SECRETARY, LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS,

Respondent-Cross-Petitioner.

On Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit

JOINT APPENDIX

VOLUME VII

Travis J. Tu
CENTER FOR REPRODUCTIVE RIGHTS
199 Water Street
New York, NY 10038
(917) 637-3600
tjtu@reprorights.org

Counsel of Record for Petitioners-Cross-Respondents

Elizabeth B. Murrill
Solicitor General
LOUISIANA DEPARTMENT OF JUSTICE
1885 N. 3rd Street
Baton Rouge, LA 70802
(225) 326-6766
murrille@ag.louisiana.gov

Counsel of Record for Respondent-Cross-Petitioner

Petition for Writ of Certiorari Filed: April 17, 2019

Cross-Petition for Writ of Certiorari Filed: May 20, 2019

Certiorari Granted: October 4, 2019

TABLE OF CONTENTS

Page

VOLUME I

Relevant Docket Entries,
No. 3:14-cv-00525 (M.D. La.) 1

Relevant Docket Entries,
No. 17-30397 (5th Cir.) 12

Am. Compl. (Aug. 26, 2014), Dkt. 14 16

DHH Defs.' Opp'n to Pls.' Appl. for TRO and for Protective Order (Aug. 26, 2014), Dkt. 20 27

Pls. June Med. Servs. LLC, et al., Status Chart of Pending Applications (Oct. 8, 2014), Dkt. 50 48

Mem. Regarding Status of Pending Applications for Privileges (Oct. 8, 2014), Dkt. 51 53

Answer of Def. Kathy Kliebert (Nov. 17, 2014), Dkt. 64 56

Pls. June Med. Servs. LLC, et al., Status Chart of Pending Applications (Feb. 26, 2015), Dkt. 91 64

Pls. June Med. Servs. LLC, et al., Status Chart of Pending Applications (Mar. 19, 2015), Dkt. 121 69

TABLE OF CONTENTS

Page

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (Sept. 25, 2015), Dkt. 209 75

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (Mar. 1, 2016), Dkt. 240..... 77

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (Apr. 1, 2016), Dkt. 245..... 78

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (May 2, 2016), Dkt. 246 79

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (June 1, 2016), Dkt. 247..... 80

Letter from Demme Doufekias to Judge John W. deGravelles Regarding Status of Pending Applications (Aug. 1, 2016), Dkt. 249..... 81

Joint Stipulation and [Proposed] Order Regarding Causeway Med. Clinic (Sept. 15, 2016), Dkt. 255 83

TABLE OF CONTENTS

Page

Letter from David Brown to Judge John W. deGravelles Regarding Closure of Bossier City Med. Suite (Apr. 23, 2017), Dkt. 270 87

Decl. of Dr. John Doe 2, M.D. (Apr. 21, 2017), Dkt. 272 88

VOLUME II

Trial Tr. for June 22, 2015, Dkt. 190 90

Testimony of Kathaleen Pittman 103

Testimony of Dr. John Doe 3 196

Testimony of Dr. Christopher Estes..... 275

VOLUME III

Trial Tr. for June 23, 2015, Dkt. 191 359

Testimony of Dr. John Doe 2 369

Testimony of Dr. Sheila Katz 465

Testimony of Sec'y Kathy Kliebert..... 551

VOLUME IV

Excerpts of Trial Tr. for June 24, 2015, Dkt. 192 664

Testimony of Dr. John Doe 1 669

TABLE OF CONTENTS

Page

VOLUME V

Trial Tr. for June 25, 2015, Dkt. 193 798

Testimony of Dr. Robert Marier 801

Testimony of Dr. Tumulesh K.S. Solanky 922

VOLUME VI

Trial Tr. for June 29, 2015, Dkt. 195 1020

Testimony of Dr. Eva Pressman 1030

VOLUME VII

Joint Ex. 54, Letter from Dr. John Doe 1 to Dr. Michael Harper, Univ. Health Shreveport, Dkt. 165-59 1117

Joint Ex. 109, Decl. of Sylvia Cochran in Supp. of Pls.' Mot. for Prelim. Inj. (Sept. 19, 2014), Dkt. 196-24 1119

Joint Ex. 110, Decl. of John Doe 5, M.D. (Sept. 19, 2014), Dkt. 196-25 1132

Joint Ex. 116, Decl. of Kathaleen Pittman in Supp. of Pls.' Appl. for TRO and Prelim. Inj. (Aug. 21, 2014), Dkt. 196-28 1140

TABLE OF CONTENTS

Page

Joint Ex. 117, Decl. of Robert Gross in Supp. of Pls.' Appl. for TRO and Mot. for Prelim. Inj. (Aug. 21, 2014), Dkt. 196-29 1252

Joint Ex. 135, Letter from Robert L. Marier, Exec. Dir., La. State Bd. of Med. Exam'rs, to Ms. Stephanie Toti, Staff Att'y, Domestic Legal Program, Ctr. for Reproductive Rights (July 11, 2008), Dkt. 196-32 1304

Joint Ex. 168, Decl. of John Doe 6, M.D. (Sept. 19, 2014), Dkt. 196-38 1307

Joint Ex. 186, Decl. of John Doe 1, M.D. in Supp. of Pls.' Appl. for TRO and Mot. for Prelim. Inj. (Aug. 21, 2014), Dkt. 196-39 1314

Joint Ex. 187, Decl. of John Doe 2, M.D. in Supp. of Pls.' Appl. for TRO and Mot. for Prelim. Inj. (Aug. 21, 2014), Dkt. 196-40 1317

Joint Ex. 188, Decl. of John Doe 3, M.D. in Supp. of Pls.' Appl. for TRO and Mot. for Prelim. Inj. (Aug. 21, 2014), Dkt. 202-11 1320

VOLUME VIII (Sealed)

Excerpts of Tr. of Dep. of Dr. John Doe 5 (Jan. 30, 2015), Dkt. 168-06 1324

TABLE OF CONTENTS

Page

Excerpts of Tr. of Dep. of Dr. Cecilia Mouton (Jan. 22, 2015), Dkt. 168-10..... 1350

Joint Stipulation Regarding Admitting Privileges of Dr. John Doe 5 (June 26, 2015), Dkt. 176..... 1397

Joint Ex. 71, Correspondence Between CHRISTUS Health Shreveport-Bossier and Dr. John Doe 1 (July 17, 2014), Dkt. 237-88..... 1404

Joint Ex. 75, Letter from Minden Med. Ctr. to Dr. John Doe 1 (Aug. 8, 2014), Dkt. 237-89..... 1434

Joint Ex. 89, Letter from WK Bossier Health Ctr. to Dr. John Doe 2 (Nov. 19, 2014), Dkt. 237-99..... 1435

Joint Ex. 128, Letter from Willis-Knighton to Dr. John Doe 1 (Mar. 11, 2015), Dkt. 237-109..... 1436

Joint Ex. 130, Abortion Care Training Plan and Checklist, Dr. John Doe 1, Dkt. 237-111..... 1437

Joint Ex. 144, Letter from Willis-Knighton to Dr. John Doe 2 (Aug. 11, 2014), Dkt. 237-116..... 1442

Joint Ex. 145, Email from Dr. John Doe 2 to Willis-Knighton (Aug. 16, 2014), Dkt. 237-117..... 1445

TABLE OF CONTENTS

Page

Joint Ex. 169, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Mar. 14, 2014), Dkt. 237-140 1447

Joint Ex. 170, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (May 27, 2014), Dkt. 237-141 1448

Joint Ex. 171, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (May 28, 2014), Dkt. 237-142 1449

Joint Ex. 172, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (July 28, 2014), Dkt. 237-143 1451

Joint Ex. 173, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (July 28, 2014), Dkt. 237-144 1452

TABLE OF CONTENTS

Page

Joint Ex. 174, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Aug. 5, 2014), Dkt. 237-145 1453

Joint Ex. 175, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Aug. 18, 2014), Dkt. 237-146 1454

Joint Ex. 176, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Aug. 26, 2014), Dkt. 237-147 1455

Joint Ex. 177, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Aug. 26, 2014), Dkt. 237-148 1456

Joint Ex. 178, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Nov. 19, 2014), Dkt. 237-149 1457

TABLE OF CONTENTS

Page

Joint Ex. 179, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Jan. 9, 2015), Dkt. 237-150 1458

Joint Ex. 180, Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Jan. 8, 2015), Dkt. 237-151 1459

Joint Ex. 181, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Feb. 23, 2015), Dkt. 237-152 1462

Joint Ex. 183, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (June 16, 2015), Dkt. 237-154 1463

Joint Ex. 184, Email Correspondence Regarding Dr. John Doe 2's Application to Tulane Med. Ctr. for Admitting Privileges (Mar. 5, 2015), Dkt. 237-155 1466

Joint Ex. 185, Letter from Univ. Health Shreveport to Dr. John Doe 2 (May 21, 2015), Dkt. 237-156 1468

TABLE OF CONTENTS

Page

Joint Ex. 189, Letter from Dr. John Doe 1 to Willis-Knighton (Mar. 24, 2015), Dkt. 237-157 1472

Joint Ex. 190, Email Correspondence Regarding Dr. John Doe 1's Application to CHRISTUS Health Shreveport-Bossier for Admitting Privileges (Jan. 8, 2015), Dkt. 237-158 1555

TABLE OF CONTENTS

The following opinions, decisions, judgments, orders, and record documents have been omitted from the joint appendix because they appear in the appendix to the petition in Case No. 18-1323 as follows:

Appendix A: Opinion, United States Court of Appeals for the Fifth Circuit (Sept. 26, 2018) 1a

Appendix B: Opinion, United States Court of Appeals for the Fifth Circuit (Jan. 18, 2019)..... 104a

Appendix C: Findings of Fact and Conclusions of Law, United States District Court for the Middle District of Louisiana (Apr. 26, 2017) 132a

Appendix D: Order, Supreme Court of the United States (Feb. 8, 2019)..... 280a

Appendix E: U.S. Const. amend. XIV, § 1..... 285a

Appendix F: La. Rev. Stat. § 40:1061.10 (Act 620) (excerpted) 286a

Appendix G: La. Admin. Code., tit. 48, pt. I § 4423 (excerpted) 288a

Appendix H: La. Admin. Code., tit. 48, pt. I § 4401 (excerpted) 290a

Appendix I: La. Dep't of Health, Notice to Licensed Outpatient Abortion Facilities..... 291a

TABLE OF CONTENTS

Appendix J: Emergency Mot. of Appellant for Stay Pending Appeal, United States Court of Appeals for the Fifth Circuit (Feb. 16, 2016) (excerpted) 294a

Dear Dr. Harper,

I would like to set up a time to meet with you to discuss obtaining admitting privileges at University Health. As you may know, I am board certified in family medicine and addiction medicine. A large portion of my time is spent providing abortion care at Hope Medical Group for Women.

Hope Medical Group for Women has served women in our area since 1980 with an excellent safety record. The majority of the women we see are lower income and struggling to provide for the families they already have. We specialize in early terminations and this has allowed us to diagnose early ectopic pregnancies and make appropriate referrals. Because we are proactive, this has helped ensure future fertility for women who might otherwise not have been diagnosed in a timely manner. In 2012 we entered into a contract with LSU Health Sciences Center-Shreveport to provide training for OB/GYN residents who request training in abortion care. Hope receives no compensation for this training and absorbs the costs for staff time because we feel it is the right thing to do. Our experience in providing this training has been positive. I have approached the administrator at Hope, Kathaleen Pittman, and our Medical Director, **John Doe 3** about extending this courtesy to your program and they are quite willing to offer training to family practice residents as well.

There are numerous anti abortion bills pending in the legislature, the most onerous is HB388 which just passed the House Health and Welfare Committee. This bill requires all physicians providing abortion care to have admitting privileges at a hospital within 30 miles of the clinic. Requiring admitting privileges has been opposed by ACOG and AMA, yet our legislators feel they know better than the medical community what is in the best interest of women in Louisiana.

With this in mind, I am reaching out to you to discuss obtaining admitting privileges through the Department of Family Medicine. I am fully aware the process can be somewhat difficult and may require appointment to staff.

I realize your time is valuable but would like to meet with you at your convenience.

With warm regards,

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

WOMEN'S HEALTH CARE CENTER, INC. on behalf of it patients, physicians, and staff; DELTA CLINIC OF BATON ROUGE, INC., on behalf of its patients, physicians, and staff; JOHN DOE 5, M.D., on behalf of himself and his patients; and JOHN DOE 6, M.D., on behalf of himself and his patients,	*	Case No. 3:14-cv-597
Plaintiffs	*	
Versus	*	
KATHY KLIEBERT, in her official capacity as Secretary of the Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,	*	
Defendants	*	

DECLARATION OF SYLVIA COCHRAN IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

I, Sylvia Cochran, declare under penalty of perjury that the following statements are true and correct:

EXHIBIT
B

Plaintiffs' Exhibit 113

Joint Exhibit 109

17-30397.2338

1. I have more than thirty years of experience in the field of women's health and reproductive services. I am the Administrator of Women's Health Care Center, Inc. ("Women's Clinic") in New Orleans, Louisiana and have been since 2003. I am also the Administrator for Delta Clinic of Baton Rouge, Inc. ("Delta Clinic") in Baton Rouge and have been since 2003.

2. My responsibilities and duties at Women's Clinic and Delta Clinic include interacting with the Louisiana Department of Health and Hospitals (DHH), the State agency that regulates the clinics. I coordinate with the staff and physicians of both clinics to ensure that the clinics meet all applicable statutory and regulatory requirements. I travel back and forth between New Orleans and Baton Rouge, and with the help of my office managers, I oversee the day-to-day operations of the clinics. I also assist the physicians at Women's Clinic and Delta Clinic with various administrative matters, including attempting to gain admitting privileges at local hospitals.

3. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction against H.B. 388.

4. I have read H.B. 388, and understand that it requires every physician who performs abortions to obtain admitting privileges at a qualifying hospital within 30 miles of the clinic. For the reasons I discuss below, it will be difficult if not impossible for both of the physicians at Women's Clinic and Delta Clinic to comply with this requirement.

5. I also testified at the Louisiana legislature as to my concerns regarding H.B. 388, and that based on my experience working in Louisiana, it will be very difficult for physicians at abortion clinics to obtain admitting privileges at local hospitals. I also testified to the safety procedures that clinics already have in place, and about my fears that once clinics are forced to close because their doctors cannot obtain or maintain admitting privileges, that patient health and

safety will be at risk. I testified about my fears that if access to legal abortion is severely restricted, we will again see serious complications and health consequences from illegal and self-induced abortions, as I did prior to *Roe v. Wade*.

6. Women's Clinic and Delta Clinic are reproductive health care facilities that offer abortion care up to and including the 17 weeks of pregnancy, as calculated from the first day of a woman's last menstrual period. Women's Clinic has been operating since 2001, and Delta Clinic has also been operating since 2001. Women's Clinic and Delta Clinic provide both surgical and medical abortions. Women's Clinic and Delta Clinic also provide pregnancy testing, contraception, and ultrasound services to patients.

7. Women's Clinic has two doctors who perform abortions, Dr. John Doe 5 and Dr. John Doe 6. Dr. Doe 6 began working at Women's Clinic and Delta Clinic in 2002, and Dr. Doe 5 began working at Women's Clinic and Delta Clinic in 2012. Each of these doctors has a license to practice medicine in Louisiana, is in good standing with the Louisiana State Board of Medical Examiners, and is board certified in obstetrics and gynecology.

8. Dr. Doe 6 is the medical director for both Women's Clinic and Delta Clinic. Pursuant to Louisiana regulations, abortion clinics cannot operate without a designated medical director. In order to perform abortion services at both clinics, Dr. Doe 5 must travel back and forth between New Orleans and Baton Rouge. Dr. Doe 6 resides in New Orleans, and used to also travel back and forth between New Orleans and Baton Rouge to provide abortions at both Women's Clinic and Delta Clinic. However, Dr. Doe 6 has been practicing medicine for 48 years, and about three years ago, stopped performing any abortions in Baton Rouge, due to the demands of travel and maintaining his private gynecology practice in New Orleans.

9. Dr. Doe 6 now provides only medication abortion services at Women's Clinic. In

2013, Dr. Doe 5 performed approximately 40% of the abortions provided by Women's Clinic, and Dr. Doe 6 performed the remaining approximately 60%, which also represents the percentage of medication abortions performed at Women's Clinic in 2013. Only Dr. Doe 5 performs abortions at Delta Clinic.

10. Women's Clinic and Delta Clinic, and their physicians and staff, are continually subjected to harassment and threats of harm by anti-abortion groups. Protestors assemble outside of Delta Clinic nearly every day, and we regularly have protesters outside of Women's Clinic. In July of this year, national anti-abortion groups whose members have been linked to violence targeted Louisiana for protests and harassment and large threatening groups made several appearances at Delta Clinic and Women's Clinic. Among those protesting at Women's Clinic and Delta Clinic were local anti-abortion activists who have harassed me, my patients, and my staff for years. Local law enforcement, the FBI, and the U.S. Marshals Service consulted with me and my staff in anticipation of the groups' protests, and while the protests occurred, in order to help ensure our personal safety.

11. These national and local groups also congregated in large numbers outside the residence of Dr. Doe 6, displaying disturbing and threatening signs that included Dr. Doe 6's name. The protestors also screamed through megaphones outside of Dr. Doe 6's house, approached the door of his home, and distributed threatening flyers around the neighborhood that encouraged others to harass and intimidate Dr. Doe 6. Local anti-abortion groups and protestors have engaged in similar behavior outside of the residences of Dr. Doe 6 and Dr. Doe 5, as well as the homes of other doctors who have performed abortions in Louisiana, many times over the years.

12. National and local groups have also recently mounted protests outside of an

entirely unrelated business where the office manager of Delta Clinic also works, and have disseminated her name, as well as the name of the physicians at Delta Clinic and Women's Clinic, on anti-abortion website, encouraging others to join in the harassment and intimidation.

13. Delta Clinic is the only licensed abortion clinic in Baton Rouge, and Women's Clinic is one of only two remaining licensed abortion clinics in the New Orleans area. The only other clinic in the New Orleans area is Causeway, which is in Metairie, a suburb of New Orleans. There are only two other licensed abortion clinics anywhere else in the State, Hope, in Shreveport, and Bossier, in Bossier City.

14. I am aware of only six physicians in Louisiana who are currently willing to perform abortion services at abortion clinics, and I am not aware of any other physician who regularly performs abortion services in Louisiana. Hospitals in New Orleans and Baton Rouge regularly refer patients in need of abortion services to Women's Clinic or Delta Clinic, and in my experience, only perform abortions in a hospital setting in the most emergent circumstances. Due to threats of violence, intimidation, and harassment, it is very unlikely that Women's Clinic or Delta Clinic would be able to find another physician who is willing to perform abortions, especially since Louisiana law requires that any physician who performs abortions have a license to practice medicine in Louisiana and be enrolled in or have completed a residency in obstetrics and gynecology or family medicine.

15. I am not aware of any hospital in New Orleans or Baton Rouge that offers training in abortion care to its residents in obstetrics and gynecology or family medicine. Such training must be requested by a resident, and then the hospital refers the resident to an abortion clinic for the training. There are no residents that are currently receiving training in abortion services at Women's Clinic or Delta Clinic, and as Louisiana abortion clinics are forced to close, the

availability of such training will be even more limited. In my experience, hospitals in Louisiana will not want to provide training in abortion care, due to threats of protest outside their facilities, and because abortions are provided in a hospital setting in Louisiana so rarely.

16. Along with other applicable Louisiana laws, Women's Clinic and Delta Clinic comply with DHH's extensive licensing regulations regarding abortion facilities. The majority of the current licensing regulations were promulgated in 2003. DHH consulted me in their process of drafting the regulations, in order to get my feedback regarding the standards that would govern abortion facilities.

17. The regulations include specifications concerning how the clinics may be run administratively, patient care and safety, and nursing and physician qualifications. As with the other abortion clinics in Louisiana, Women's Clinic and Delta Clinic are subject to annual inspections by DHH, which are unannounced. The DHH regulations also allow for other unannounced inspections of abortion clinics. When DHH inspects Women's Clinic or Delta Clinic, I have the responsibility to provide the surveyors with all protocols, patient charts, logs, inspections, in-services and personnel files, and I work diligently with my staff to provide any information that DHH requests during the survey or as follow-up after the survey.

18. Louisiana law requires that abortion providers perform informed consent information sessions at least 24 hours before an abortion is performed. At the counseling appointment, in addition to having an ultrasound and speaking with the doctor as required by law, each woman is told what to expect on the day of the procedure, and reviews the aftercare instructions with a staff member.

19. Because of the 24-hour notification and waiting period, patients must make the trip to the clinic twice, once to receive counseling and again for the procedure. In my experience

with our patients at both clinics, many are low income and often have problems securing transportation and time off of work in order to get to the clinic.

20. Over the past five years, Women's Clinic has provided approximately 7,400 abortions. During that time, only two patients have required direct hospital transfer. For at least one of those patients, the physician with whom we have a transfer agreement treated the patient and discharged her; she did not need to be admitted. Over the past five years, Delta Clinic has provided approximately 8,800 abortions, and only two patients have required direct hospital transfer. One of those patients, I would not characterize as having a complication attributable to any risk involved with the procedure. The patient decided during a procedure that she no longer wanted to have the abortion, so she was transferred to the hospital out of an abundance of caution because the physician had already begun the process.[1]

21. Despite the rarity of complications, Women's Clinic and Delta Clinic each have protocols in place to ensure high quality care for its patients in the event of a complication. In the event of a complication during a procedure, Women's Clinic has a transfer agreement with a trained OB/Gyn physician in New Orleans who has admitting privileges at an area hospital, and Delta Clinic has a transfer agreement with a trained OB/Gyn in Baton Rouge who has admitting privileges at an area hospital. In any event that a hospital transfer was necessary, the clinics transfer the patient to the hospital with a copy of the clinic record. The clinic physician calls the hospital to alert the attending physician of the nature of the complication and continues to check on the patient's status and to consult on any follow-up questions that may arise.

22. With every patient, Women's Clinic and Delta Clinic provide aftercare

[1] Occasionally, I also hear about patients who after returning home, decide later to go to the emergency room, without first contacting the clinic regarding whatever issue they are having. The majority of the time, these complications could have been treated by calling our 24 hour answering service for immediate advice, and then returning to the clinic the next day for follow-up treatment.

instructions to each patient explaining how to appropriately self-monitor and take proper care after the procedure and describing the types of conditions that the patient should contact the clinic about should they occur. The clinic staff provides each patient a telephone number which the patient can then call in case of an emergency. This number is answered either by the medical staff, when the clinic is open, or by an answering service after hours, who contacts the medical staff to provide advice and notify the physician, as necessary.

23. Dr. Doe 6 does not currently have any admitting privileges at a hospital in New Orleans or Baton Rouge that would satisfy the statutory requirements of HB 388. Dr. Doe 5 does not currently have any admitting privileges at a hospital in Baton Rouge that would satisfy the statutory requirements of HB 388.

24. I worked with and consulted with both Dr. Doe 5 and Dr. Doe 6 to determine how to apply for admitting privileges and at which hospitals they should apply.

25. There are twelve hospitals within 30 miles of Women's Clinic. However, several of these hospitals do not meet the statutory requirements of H.B. 388. The statute requires that a qualifying hospital must "provide obstetrical and gynecological health care services," must be licensed by DHH, and must have "the ability to admit a patient and to provide diagnostic and surgical services to such patient consistent with the requirements of Paragraph (A)(1) of this Subsection." R.S. 40:1229.35.2(A)(2)(a). To the best of my knowledge, only nine of the twelve hospitals meet these requirements because the other hospitals do not offer OB-GYN services.[2]

26. There are nine hospitals within 30 miles of Delta Clinic, but to the best of my

[2] The nine hospitals within 30 miles of Women's Clinic which may qualify under the terms of H.B. 388 are: Ochsner Baptist Medical Center, Touro Infirmary, ILH Interim LSU Hospital, Tulane-Lakeside Hospital, Ochsner Clinic Foundation, West Jefferson Medical Center, Ochsner Medical Center – Westbank, East Jefferson General Hospital, and Ochsner Medical Center – Kenner. Of those, Ochsner Clinic Foundation is a closed system, meaning that it does not grant admitting privileges to physicians other than its own employed physicians, or hospitalists.

knowledge, only four of the nine hospitals meet H.B. 388's statutory requirements because the other hospitals do not offer OB-GYN services.[3]

27. Based on my experience, I understand that hospitals generally have broad discretion to deny admitting privileges applications without explanation, and that hospitals often take many months to process a physician's application for admitting privileges. Also, I understand based on my experience and my conversations with the physicians at Women's Clinic and Delta Clinic, that hospitals typically grant admitting privileges only to physicians who will admit a minimum number of patients a year and that hospitals ask how many patients the doctor expects to admit. Hospitals also typically have residency requirements that the doctors live within a certain distance of the hospital.

28. Based on my experience, many hospitals in Louisiana are reluctant to provide admitting privileges to physicians who perform abortions because of the personal objections to abortion held by members of their medical staff. Hospitals in Louisiana are also very reluctant to extend admitting privileges to a physician who performs abortions because hospitals are concerned that, if they have a doctor who performs abortions on their medical staff, anti-abortion protestors will congregate outside of their hospital. Based on these realities, hospitals will often advise doctors who perform abortions not to bother applying at their hospital for privileges.

29. I am aware that the protestors who regularly congregate outside of Delta Clinic have threatened to protest outside of a hospital in Baton Rouge where they believe that Dr. Doe 5 has applied for admitting privileges, in order to discourage the hospital from granting the privileges. Indeed, I have received reports during the past few weeks that anti-abortion activists have sent threatening letters to the hospital and have been escorted out of the medical staff

[3] The four hospitals within 30 miles of Delta Clinic which may qualify under the terms of H.B. 388 are: Woman's Hospital, Baton Rouge General Medical Center, Ochsner Medical Center – Baton Rouge, and Lane Regional Medical Center.

offices because of disruptive conduct.

30. Earlier in Dr. Doe 5's career, Dr. Doe 5 was a hospital-employed hospitalist at a hospital in Alexandria. Within three months of when Dr. Doe 5 began performing abortions at Delta Clinic and Women's Clinic, anti-abortion protestors mounted a protest outside of the hospital, and the hospital told Dr. Doe 5 to either cease performing abortions or cease working at the hospital. Dr. Doe 5 was therefore forced to stop working at the hospital, so that he could continue providing services at Women's Clinic and Delta Clinic.

31. Despite these obstacles, Dr. Doe 5 and Dr. Doe 6 applied to several qualifying hospitals for admitting privileges before September 1, 2014, the date when H.B. 388 was scheduled to go into effect. In New Orleans, Dr. Doe 5 applied to Touro Infirmary and New Orleans East Hospital.[4] Dr. Doe 6 applied in New Orleans to East Jefferson General Hospital; he has not applied for admitting privileges in Baton Rouge because, as stated above, Dr. Doe 6 no longer performs abortion services at Delta Clinic.

32. In Baton Rouge, prior to September 1, 2014, Dr. Doe 5 applied to Woman's Hospital, Baton Rouge General Medical Center, and Lane Regional Medical Center.

33. No response has been received by Dr. Doe 5 from any of the hospitals in Baton Rouge where his applications for privileges are pending. No response has been received by Dr. Doe 6 from the hospital in New Orleans where his application is pending. Further, Dr. Doe 5 has received no response from New Orleans East Hospital, where his application remains pending.

34. However, Dr. Doe 5 has received a response from Touro Infirmary that the

[4] New Orleans East Hospital has not yet begun offering services, but it is scheduled to do so in the near future and will be providing obstetrics and gynecology services; therefore admitting privileges at that hospital should comply with the statutory requirements of H.B. 388. However, if Dr. Doe 5's pending application for privileges were granted at this time, the privileges would not immediately comply with the statutory requirements of HB 388.

hospital is granting him admitting privileges.

35. Therefore, if H.B. 388 is allowed to be enforced, Delta Clinic will be forced to immediately stop providing abortion services because Dr. Doe 5 does not have admitting privileges within 30 miles of the clinic.

36. For the reasons that I have discussed, it will be difficult if not impossible for Delta Clinic to ever comply with the admitting privileges requirement because of the reluctance of hospitals to extend admitting privileges to a doctor who performs abortions, the actions already being undertaken by anti-abortion groups targeting the hospitals where Dr. Doe 5 has applied, and concerns that some of the hospitals have already expressed that Dr. Doe 5 does not reside close enough to the hospital.

37. If H.B. 388 is allowed to be enforced, Women's Clinic will be operating with significantly diminished capacity and will not be able to serve the number of patients it currently serves because Dr. Doe 6 will not be able to perform any abortion services. As stated above, during 2013, Dr. Doe 6 provided 60% of the abortion services at Women's Clinic, and all of the medication abortion services. Even if Dr. Doe 5 were able to commit all of his time to serving patients at Women's Clinic, I do not see how we could serve all of the patients who will be coming to our doors once Delta Clinic closes, and with the predicted closures of two of the three other abortion clinics in Louisiana.

38. For the reasons that I have discussed, it will be difficult if not impossible for Dr. Doe 6 to ever obtain admitting privileges in order to remedy the lack of providers at Women's Clinic, and I think it is very unlikely that I will be able to find another physician with the credentials required by law in Louisiana, who has admitting privileges at a local hospital, and who is willing to perform abortions at an abortion clinic. Due to the hostile environment towards

abortion providers, I have had difficulties in the past recruiting physicians, as I know that other abortion clinics have had. Other than Dr. Doe 5 and Dr. Doe 6, and the two physicians who perform abortions at Causeway, I am not aware of any other doctor in South Louisiana who is willing to provide abortion services on a regular basis.

39. I am also extremely concerned that Touro Infirmary will change its mind and refuse to allow Dr. Doe 5 to be a member of its medical staff and also perform abortion services. That is exactly what happened to Dr. Doe 5 a few years ago. Dr. Doe 5 was then forced to cease his association with the hospital, in order to continue providing services at Women's Clinic. If that were to occur this time, then Women's Clinic would be forced to stop providing any abortion services because Dr. Doe 5 would not have admitting privileges.

40. In my experience, the chances that a hospital will revoke a physician's privileges are dramatically increased once anti-abortion protestors find out that a particular hospital has decided to associate with an abortion provider. I know that Touro Infirmary is already receiving threatening letters, and phone calls, and that protestors are threatening a large demonstration outside of the hospital if it does not revoke Dr. Doe 5's privileges.

41. I am also concerned in this environment that is so hostile to abortion providers, about how DHH will interpret H.B. 388 in terms of the admitting privileges that are required. DHH has the authority under H.B. 388 to revoke a clinic's license if DHH decides that a clinic is not in compliance with the admitting privileges requirement. But it is unclear to me from reading H.B. 388 how DHH will interpret the definition of active admitting privileges. This places Women's Clinic in a difficult position if the law is allowed to be enforced: cease operating out of fear over how DHH will enforce the law, or continue operating at the risk that DHH will indeed decide to revoke Women's Clinic's license.

42. By forcing Women's Clinics' or Delta Clinics' closure, H.B. 388 will also deprive me of all or a substantial part of my employment and professional livelihood.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 19th day of September, 2014.

Sylvia Cochran

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

WOMEN'S HEALTH CARE CENTER, INC. on behalf of it patients, physicians, and staff; DELTA CLINIC OF BATON ROUGE, INC., on behalf of its patients, physicians, and staff; JOHN DOE 5, M.D., on behalf of himself and his patients; and JOHN DOE 6, M.D., on behalf of himself and his patients,	*	Case No. 3:14-cv-597
Plaintiffs	*	
Versus	*	
KATHY KLIEBERT, in her official capacity as Secretary of the Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,	*	
Defendants	*	

DECLARATION OF JOHN DOE 5, M.D.

I, JOHN DOE 5, M.D., declare under penalty of perjury that the following statements are true and correct:

EXHIBIT C

Plaintiffs' Exhibit 114

Joint Exhibit 110

17-30397.2351

1. I am a board-certified obstetrician-gynecologist with over 9 years of experience in women's health. I have provided medical services to women at Women's Health Care Center, Inc. ("Women's Clinic") in New Orleans and Delta Clinic of Baton Rouge, Inc. ("Delta Clinic") in Baton Rouge since 2012.

2. I submit this declaration in support of Plaintiffs' Motion for Preliminary Injunction.

3. In 2013, I performed approximately 40% of the abortions at Women's Clinic and all of the abortions at Delta Clinic.

4. The types of complications that may occur following an abortion include infection, bleeding, uterine perforation, and retained tissue. In the overwhelming majority of cases, these complications can be handled in an outpatient setting without the need for hospitalization. If such a complication occurs during a procedure, I am well equipped and prepared, with the assistance of the staff, to handle the complication at Women's Clinic or Delta Clinic.

5. These types of complications when they do occur, however, are often after the patient has returned home. The vast majority of the time, they would still not require hospital care. Both Women's Clinic and Delta Clinic have medical staff who are available 24 hours a day for patients to call if they believe they are experiencing a complication. The medical staff is able to provide immediate advice and consults with me or Dr. Doe 6, as necessary. Any complication for most of these patients can either be handled over the phone or the patient is scheduled for follow up care at the clinic.

6. In the event that a more serious complication arises after the patient has returned home, we advise the patient to go to the nearest emergency room, and I call the hospital to alert

the attending physician of the nature of the complication and continue to check on the patient's status and to consult on any follow-up questions that may arise.

7. In my experience, the risk of complications that require a direct hospital transfer are extremely low. In 2013, I provided approximately 2000 abortions at Delta Clinic and approximately 950 abortions at Women's Clinic. Moreover, I began providing services at Women's Clinic and Delta Clinic in April 2012, and of the many abortions I have provided during that time, I have never had to transfer a patient directly to the hospital.

8. I am confident that if I ever needed to directly transfer a patient from Women's Clinic or Delta Clinic, that the clinics have policies and procedures that would ensure quality of care. In the event of a complication during a procedure, Women's Clinic has a transfer agreement with a trained OB/Gyn physician in New Orleans who has admitting privileges at an area hospital, and Delta Clinic has a transfer agreement with a trained OB/Gyn in Baton Rouge who has admitting privileges at an area hospital. In any event that a hospital transfer is necessary, the clinics transfer the patient to the hospital with a copy of the clinic record, and the physician calls the hospital to alert the attending physician of the nature of the complication and continues to check on the patient's status and consult on any follow-up questions, if they may arise.

9. The risk of complications arising during an abortion at Women's Clinic and Delta Clinic that would require hospitalization is even further reduced because all abortions are currently performed using either a minimal analgesic or no sedation.

10. When I heard that H.B. 388 was going to be enacted, I began reviewing hospital bylaws and speaking with people in the medical community in New Orleans and Baton Rouge in order to determine where I should apply for privileges. For example, many hospitals require that

a physician admit a certain number of patients per year in order to obtain admitting privileges. Since I have not admitted any patients for over two years, and the risk of a complication from an abortion requiring hospitalization is so low, I will not be able to meet these requirements. In my experience, hospitals who are affiliated with the Catholic church or that are affiliated with the State also will not grant admitting privileges to a physician who performs abortions.

11. Therefore, I applied to the hospitals where I believed that I had a realistic chance of obtaining admitting privileges. I was very concerned about applying to hospitals where my application would almost certainly be denied because such a determination has adverse professional consequences, such as being reported to the National Practitioner Data Bank, and the denial must often be disclosed in any future application for privileges at a hospital.

12. I currently do not have admitting privileges at any hospitals within 30 miles of Delta Clinic. Prior to September 1, 2014, I applied for admitting privileges at Woman's Hospital, Baton Rouge General Medical Center, and Lane Regional Medical Center. I have not received a response from any of the hospitals in Baton Rouge where my applications for privileges are pending.

13. However, I have been contacted by Woman's Hospital with concerns that I do not reside close enough to the hospital to meet the hospital's residency requirement. I tried to reassure the hospital that I could get to the hospital quickly and that a hospitalist could provide services in the meantime. I also contacted the physician with whom Delta Clinic has a transfer agreement in Baton Rouge to see if he would agree to sign on as my covering physician. He is very concerned about anti-abortion protestors threatening him or his family and protesting outside of his private practice. Even though Delta Clinic has a transfer agreement with him, he

has requested that the information be kept confidential, so he is too afraid to be my covering physician at the hospital. I do not yet know how the hospital will resolve this issue.

14. I have also received reports that during the past few weeks, in an effort to pressure the hospital into denying my privileges, Woman's Hospital has been targeted by anti-abortion activists have sent threatening letters to the hospital and have been escorted out of the medical staff offices because of disruptive conduct. These incidents increase my concerns that the hospital will decide to deny my privileges, even though they have indicated that my credentials are not an issue.

15. If H.B. 388 were allowed to be enforced at this time, I would be forced to stop providing abortion services at Delta Clinic, and the clinic would have to close because it would not have a doctor. I would be too afraid to continue providing abortions in Baton Rouge because H.B. 388 allows the Louisiana State Board of Medical Examiners to take disciplinary action against a physician's license if the physician is not in compliance with H.B. 388, and it subjects physicians to a fine of up to $4,000 per violation.

16. I believe it is very unlikely that another physician who has admitting privileges within 30 miles of Delta Clinic would begin providing abortions at the clinic. Given the hostile environment in Louisiana towards abortion providers and the extreme harassment and intimidation by anti-abortion activists, most doctors are simply too afraid. I am very concerned about what my patients in Baton Rouge and the surrounding areas will do if Delta Clinic is forced to close. Delta Clinic is the only licensed abortion provider in Baton Rouge, and many of my patients are low income.

17. I also applied for admitting privileges in New Orleans at New Orleans East Hospital and Touro Infirmary in order to attempt to comply with H.B. 388 as it relates to

Women's Clinic. I thought that I had the best chance of obtaining admitting privileges in New Orleans at one of these hospitals because I performed my residency at Touro Infirmary and New Orleans East Hospital is a hospital that will be reopening and may be in need of physicians.

18. I have not yet received a response from New Orleans East Hospital. New Orleans East Hospital has not yet begun offering services, but it is scheduled to do so in the near future and will be providing obstetrics and gynecology services. However, if my pending application for privileges were granted at this time, the privileges would not immediately comply with the statutory requirements of H.B. 388.

19. However, I have been granted admitting privileges at Touro Infirmary, so for now, I will be able to continue providing abortion services at Women's Clinic.

20. I am extremely concerned, though, that Touro Infirmary will change its mind and refuse to allow me to be a member of its medical staff while performing abortion services at an abortion clinic. In my experience, the chances that a hospital will revoke a physician's privileges are dramatically increased once anti-abortion protestors find out that a particular hospital has decided to associate with an abortion provider. I know that Touro Infirmary is already receiving threatening letters, and phone calls, including from some very high profile members of the religious community, and that protestors are threatening a large demonstration outside of the hospital if it does not revoke my privileges.

21. I am well aware of how this type of threatening behavior affects hospital decisions making. Previously, I was a hospital-employed physician. Within three months of when I began performing abortions at Delta Clinic and Women's Clinic, anti-abortion protestors mounted a protest outside of the hospital over July 4th weekend, and the hospital told me that I had to either cease performing abortions or cease working at the hospital. I was therefore forced

to stop working at the hospital, so that I could continue providing services at Women's Clinic and Delta Clinic.

22. Even if I am able to maintain my privileges at Touro Infirmary, if H.B. 388 is allowed to be enforced, Women's Clinic will be operating with significantly diminished capacity and will not be able to serve the number of patients it currently serves because Dr. Doe 6 will not be able to perform any abortion services. During 2013, Dr. Doe 6 provided 60% of the abortion services at Women's Clinic, and all of the medication abortion services. Even if I were able to commit all of my time to serving patients at Women's Clinic, I do not see how we could serve all of the patients who will be coming to our doors once Delta Clinic closes, and with the predicted closures of two of the three other abortion clinics in Louisiana.

23. Even if I am able to see all of the patients that Women's Clinic has served in the past, which in 2013 was approximately 2300 patients, the size of the facility, alone, will make it impossible for me to see many more of the patients who would have ordinarily gone to Causeway or Delta Clinic.[1] Women will also certainly face long waits to obtain appointments and be delayed in their abortion care.

[1] I find it just as unlikely that we will be able to recruit another doctor to perform abortions at Women's Clinic, for the same reasons that I explained about Delta Clinic. However, even with additional physicians, the size constraints of the facility and the need to increase staff, combined with the fact that every patient must come to the clinic twice because of the 24 hour waiting period, will make it impossible for Women's Clinic to serve the increased need for abortion services.

24. Although abortion is a very safe procedure, its risks increase with gestational age. I am very concerned that delay in a woman's ability to obtain abortion care as a result of H.B. 388 will expose her to unnecessary and increased health risks.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on September 19th, 2014.

John Doe 5, MD.

DR. JOHN DOE 5, M.D.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES LLC d/b/a HOPE MEDICAL GROUP FOR WOMEN, on behalf of its patients, physicians, and staff; BOSSIER CITY MEDICAL SUITE, on behalf of its patients, physicians, and staff; CHOICE, INC., OF TEXAS d/b/a CAUSEWAY MEDICAL CLINIC, on behalf of its patients, physicians, and staff, JOHN DOE 1, M.D., and JOHN DOE 2, M.D.,

Plaintiffs,

v.

JAMES DAVID CALDWELL, in his official capacity as Attorney General of Louisiana; JIMMY GUIDRY, in his official capacity as Louisiana State Health Officer & Medical Director of the Louisiana Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,

Defendants.

Case No. _____

DECLARATION OF KATHALEEN PITTMAN IN SUPPORT OF PLAINTIFFS' APPLICATION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, Kathaleen Pittman, declare under penalty of perjury that the following statements are true and correct:

1. I am the Administrator of the June Medical Services LLC, which does business as Hope Medical Group for Women ("Hope") in Shreveport, Louisiana and have been since 2010. My responsibilities and duties at Hope include all interactions between Hope and the Louisiana Department of Health and Hospitals (DHH). I manage the day to day operation of the clinic

Plaintiffs' Exhibit 120

Joint Exhibit 116

including ensuring that Hope meets all statutory and abortion clinic regulations. I also assist the physicians who work at Hope in various administrative matters, including attempting to gain admitting privileges at local hospitals.

2. I submit this affidavit in support of Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction against H.B. 388.

3. I have read H.B. 388, and understand that it requires every physician who works at any abortion clinic to obtain admitting privileges at a hospital within 30 miles of the clinic. For the reasons I discuss below, it will be impossible for the physicians at Hope to comply with this requirement. Therefore, if this law goes into effect, Hope will no longer be able to provide abortion care and will be forced to close.

4. Hope is a reproductive health care facility that offers abortion care through 16 weeks of pregnancy, as calculated from the first day of a woman's last menstrual period. Hope has been operating since 1980. Hope provides both surgical and medical abortions. Hope also provides patients with pregnancy testing, pregnancy options counseling, adoption referral, contraception, and ultrasound services.

5. Hope employs two doctors who perform abortions, Dr. John Doe 1 and Dr. John Doe 3. Each of these doctors has a license to practice medicine and is in good standing with the Louisiana State Board of Medical Examiners. Dr. Doe 1 performs approximately 71% of the abortions provided by Hope, and Dr. Doe 3 performs the remaining 29%.

6. Hope complies with all existing Louisiana state laws and regulations. As such, Hope complies with DHH's extensive regulations, including regulations concerning patient care and safety and physician qualifications. Hope is subject to annual inspections by DHH. Each annual inspection is unannounced, and it is my responsibility to provide the surveyors with all

protocols, patient charts, logs, inspections, in-services and personnel files.

7. To the best of my knowledge, Hope is one of only five clinics currently providing abortions in Louisiana.

8. Hope and its physicians have been subject to threats of economic and physical harm by anti-abortion groups. Hope was subject to an attempted arson in 2005, in which a Molotov cocktail was thrown at the facility. In the early 1990s, a hole was drilled in Hope's back door, and butyric acid was injected into the facility. We also regularly have protesters outside of Hope.

9. Hope serves patients from the state of Louisiana, as well as women who travel to Hope from Texas, Mississippi and Arkansas. Hope is more than 320 miles from New Orleans, and more than 240 miles from Baton Rouge.

10. In 2013, about 69.9% of Hope's patients were Louisiana residents, about 18.7% were Texas residents, about 1.2% were Mississippi residents, and about 4.6% were Arkansas residents.

11. Louisiana law requires that abortion providers perform informed consent information sessions at least 24 hours before an abortion is performed. Hope has provided these sessions, in compliance with the law, since 1995. In addition to having an ultrasound and speaking with the doctor as required by law, each woman is seen one on one by a staff counselor to discuss her decision and ensure she has all the information needed to make the best decision for herself and her family.

12. Some of the women who receive the statutorily-required informed consent information sessions do not return to have an abortion.

13. Many of Hope's patients travel from more than 3-4 hours away to seek abortion

services. Because of the Louisiana law that requires a 24-hour notification and waiting period, many patients must make this trip twice, once to receive counseling and again for the procedure

14. Between 70% and 90% of our patients report that their income is below the federal poverty line.

15. Hope has been in operation for 34 years, and I have worked in a supervisory capacity for the past 20 years. During my time as a supervisor at Hope, only four patients have required hospitalization following an abortion. In the last five years, only two patients have required hospitalization following an abortion. One of the two complications in the last five years was completely unrelated to the abortion procedure and was caused by a pre-existing medical condition.

16. Despite the rarity of complications, Hope has protocols in place to ensure high quality care for its patients in the event of a complication. In the event of a complication during a procedure, Hope transfers the patient to a hospital with a copy of the clinic record. The clinic physician calls the hospital to alert the attending physician of the nature of the complication and continues to check on the patient's status and to consult on any follow-up questions that may arise.

17. Patients' vital signs and bleeding are carefully monitored after every abortion procedure. Patients are also counseled about what to expect after their procedures, what complications may arise, how to monitor themselves, and are provided with a phone number for clinic staff in case they encounter any issues after leaving the clinic. The clinic administrator and assistant administrator are on call 24 hours a day, 7 days a week, to answer patient questions, and can reach the clinic's doctors at any time if necessary.

18. Dr. Doe 3 is the only physician at Hope who currently has admitting privileges.

He holds such privileges at Willis-Knighton Bossier City Hospital and Christus Schumpert Hospital.

19. Dr. Doe 3 has notified me that if he is the only provider in Louisiana with admitting privileges as of September 1, 2014 when H.B. 388 goes into effect, he will retire from Hope.

20. Dr. Doe 1, the other practicing physician at Hope, will not be able to obtain admitting privileges at any of the hospitals that would satisfy the statutory requirements before September 1, 2014.

21. There are six hospitals and hospital systems within 30 miles of Hope: University Health Shreveport, Willis Knighton Health System, Christus Health System, Minden Medical Center, North Caddo Hospital, and Promise Healthcare Hospital of Shreveport.

22. Two of these hospitals do not meet the statutory requirements of H.B. 388. The statute requires that a qualified hospital must "provide[] obstetrical and gynecological health care services," must be licensed by the DHH, and must have "the ability to admit a patient and to provide diagnostic and surgical services to such patient consistent with the requirements of Paragraph (A)(1) of this Subsection." R.S. 40:1229.35.2(A)(2)(a). The North Caddo Hospital and Promise Healthcare Hospital of Shreveport do not meet these requirements. North Caddo is a very small hospital, and Debra Dunn of North Caddo told me on July 15, 2014, that they can only stabilize and transfer patients, due to space constraints. Promise is not equipped to handle OB-GYN cases.

23. I attempted to obtain copies of the bylaws and applications for each of the qualifying hospitals in order to determine how to apply for admitting privileges. I requested an application for admitting privileges from Willis Knighton System on May 21, 2014. Willis

Knighton sent the application via email to Dr. Doe 1. After Dr. Doe 1 submitted an application, Willis Knighton, per my request, sent the bylaws to Dr. Doe 1 (a copy of which is attached hereto as Attachment 1). The bylaws for Christus Health System, and the Christus Schumpert Ethical and Religious Directives for Catholic Health Care, were received with Dr. Doe 1's requested application on July 17, 2014. (A copy of those bylaws is attached hereto as Attachment 2, and a copy of the Directives is attached to this declaration as Attachment 3.) I was able to obtain the bylaws from Minden Medical Center online. (A copy of those bylaws is attached to this declaration as Attachment 4.) I also obtained the bylaws for University Health Shreveport online. (A copy of those bylaws is attached to this declaration as Attachment 5.)

24. Christus Schumpert is Catholic affiliated and is unlikely to extend privileges to a doctor who performs abortions.

25. Based on my experience and my conversations with hospital credentialing staff and Hope's physicians, hospitals typically grant admitting privileges only to physicians who will admit a minimum number of patients a year. During the application and interview process, hospitals typically ask the applicant to estimate how many patients they expect to admit.

26. Based on my experience and my review of the bylaws, I understand that hospitals generally have broad discretion to deny admitting privileges applications without explanation or recourse to an appeal.

27. Dr. Doe 1 has applied to three of the four qualifying hospitals within 30 miles for admitting privileges. The fourth hospital, University Health, extends privileges by invitation only, and no invitation has been offered despite Dr. Doe 1's best efforts. The status of Dr. Doe 1's applications are as follows:

- University Health requires a staff appointment before it will grant

admitting privileges. On May 1, 2014, Dr. Michael Harper, Chairman of the Department of Family Medicine advised Dr. Doe 1 he had "met with resistance" within the department. Dr. Doe 1 has received no further contact from University Health.

- Dr. Doe 1 applied to Willis Knighton Health System on June 17, 2014. No response has been received.
- Dr. Doe 1 applied to Minden Medical Center on July 25, 2014. No response has been received.
- Dr. Doe 1 applied to Christus Health System on August 15, 2014. No response has been received.

28. I do not expect to receive a final decision on any of these applications before September 1, 2014. It is my understanding that hospitals may take anywhere from 90 days to six months or longer to render a final decision on an application for admitting privileges.

29. Given the short time between the signing of H.B. 388 into law on June 12, 2014 and the law's implementation date of September 1, 2014—less than 90 days–it will be impossible for Hope's physicians to secure the admitting privileges necessary for compliance.

30. If H.B. 388 goes into effect on September 1, 2014, Hope will be forced to stop providing abortion services because the only physician with admitting privileges, Dr. Doe 3, will no longer perform these services. Hope has scheduled some appointments for September, but will be forced to cancel all of these appointments, including Dr. Doe 3's, if H.B. 388 goes into effect. Hope will shut down, effectively depriving women in the state of Louisiana of these services.

31. By forcing Hope's closure, H.B. 388 will also deprive me of my employment and livelihood.

32. Even if Dr. Doe 3 had the ability to take on additional patients, which he does not, his continued practice at Hope in the absence of Dr. Doe 1, his only back-up, would not be in the best interests of Hope's patients in the event that Dr. Doe 3 is unable to care for them due to his own incapacitation or other factors.

33. To the best of my knowledge, as of today, none of the other clinics providing abortions in Louisiana have staff doctors with admitting privileges.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on August 21, 2014 in Shreveport, La.

Kathaleen Pittman

KATHALEEN PITTMAN

Attachment 1

PART I

POLICY ON APPOINTMENT AND REAPPOINTMENT

SECTION 1. APPOINTMENT TO THE MEDICAL STAFF

1.A: QUALIFICATIONS FOR APPOINTMENT

1.A.1. General:

Appointment to the Medical Staff or permission to practice on the Allied Health Professional Staff is a privilege which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in this Policy and in such policies as are adopted from time to time by the Board. All individuals practicing medicine, dentistry and podiatry in this Hospital or being permitted to practice as an Allied Health Professional, unless excepted by specific provisions of this Policy, must first have been appointed to the Medical Staff or the Allied Health Professional Staff.

1.A.2. Threshold Eligibility Criteria:

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for permission to practice or renewal of permission to practice as an Allied Health Professional, physicians, dentists, podiatrists, and Allied Health Professionals must, where applicable to their practice:

(a) have a current, unrestricted license, certification and/or registration to practice in this state and have never had a license to practice revoked or suspended by any state licensing agency*;

(b) have a current, unrestricted Drug Enforcement Administration registration and state controlled substance license*;

(c) be located (office and residence) within the geographic service area of the Hospital, as defined by the Board, close enough to fulfill their Medical Staff or Allied Health Professional responsibilities and to provide timely and continuous care for their patients in the Hospital;

(d) have current, valid professional liability insurance coverage in a form satisfactory to the Hospital, with overall coverage limit of at least $500,000;

(e) have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse or have been required to pay civil penalties for the same;

(f) have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;

(g) have never had Medical Staff appointment, permission to practice as an Allied Health Professional, clinical privileges, scope of practice, or status as a participating provider denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct, and have never resigned appointment or permission to practice or relinquished privileges during an investigation or in exchange for not conducting such an investigation;

(h) have never been convicted of, or entered a plea of guilty or no contest to, any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence;

(i) agree to fulfill all responsibilities regarding emergency call;

(j) have or agree to make coverage arrangements with other members of the Medical Staff for those times when the individual shall be unavailable;

(k) demonstrate recent active clinical practice during at least two of the last four years;

(l) have successfully completed:

(1) a residency training program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association ("AOA") in a specialty in which the applicant seeks clinical privileges; or

(2) a dental or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association ("ADA"); or

(3) a podiatric surgical residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association;

(m) be certified in their primary area of practice at the Hospital by the appropriate specialty/subspecialty board of the American Board of Medical Specialties ("ABMS"), the AOA, the Commission on Dental Accreditation, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary

area of practice within five years from the date of completion of their residency or fellowship training (this requirement is applicable to all individuals who apply for Medical Staff appointment after January 1, 2001); and

(n) if seeking to practice as a Mid-Level Practitioner or as a Dependent Practitioner, have a written agreement with a Supervising Practitioner, which agreement must meet all applicable requirements of state law and Hospital policy.

* These requirements shall be applicable only to those individuals who are not exempt as a result of documented participation in an approved recovery program of the Louisiana State Board of Medical Examiners or the Louisiana State Board of Nursing. Physicians who do not write orders for any medication or injectables for patient care or diagnosis are also exempt from this requirement.

I.A.3. Waiver of Criteria:

(a) Any individual who does not satisfy one or more of the criteria outlined above may request that it be waived. The individual requesting the waiver bears the burden of demonstrating exceptional circumstances and that his or her qualifications are equivalent to, or exceed, the criterion in question.

(b) A request for a waiver shall be submitted to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant department chairperson (or supervisor), and the best interests of the Hospital and the communities it serves. Additionally, the Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. The Credentials Committee's recommendation shall be forwarded to the Executive Committee. Any recommendation to grant a waiver must include the basis for such.

(c) The Executive Committee shall review the recommendation of the Credentials Committee and make a recommendation to the Board regarding whether to grant or deny the request for a waiver. Any recommendation to grant a waiver must include the basis for such.

(d) No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges. The Board may elect to grant a waiver regardless of any recommendation to deny the request by the Credentials Committee and/or the Executive Committee if it feels an unusual circumstance exists that such granting would be in the best interest of the Hospital and the community.

(e) The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.

(f) An application for appointment that does not satisfy an eligibility criterion shall not be processed until the Board has determined that a waiver should be granted.

I.A.4. Factors for Evaluation:

The following factors shall be evaluated as part of the appointment, reappointment, and permission to practice processes:

(a) relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, and clinical judgment, and an understanding of the contexts and systems within which care is provided;

(b) adherence to the ethics of the profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients and the profession;

(c) good reputation and character;

(d) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable the individual to maintain professional relationships with patients, families and other members of health care teams;

(e) ability to safely and competently perform the clinical privileges requested;

(f) recognition of the importance of, and willingness to support, the Hospital's commitment to quality care and a recognition that interpersonal skills and collegiality are essential to the provision of quality patient care;

(g) the applicant's physical health and mental and emotional stability.

I.A.5. No Entitlement to Appointment or Permission to Practice:

(a) No individual is entitled to receive an application, to be appointed or reappointed to the Medical Staff, to be granted permission to practice or renewal of permission to practice, or to be granted particular clinical privileges or a scope of practice merely because he or she:

(1) is licensed or certified to practice a profession in this or any other state;

(2) is a member of any particular professional organization;

(3) has had in the past, or currently has, Medical Staff appointment, affiliation as an Allied Health Professional, or privileges at any Hospital or health care facility;

(4) resides in the geographic service area of the Hospital; or

(5) is affiliated with, or under contract to, any managed care plan, insurance plan, HMO, PPO, or other entity.

(b) Allied Health Professionals shall not be appointed to the Medical Staff or be entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment unless otherwise provided for in these Policies and Procedures.

1.A.6. Nondiscrimination:

No individual shall be denied appointment on the basis of gender, race, creed, or national origin, or on the basis of any criterion unrelated to the delivery of quality patient care in the Hospital, to professional qualifications, to the Hospital's purposes, needs and capabilities, or to community need. To fulfill this directive, the Credentials Committee members will each sign an affirmative statement to make all credentialing decisions in a nondiscriminatory manner.

1.B. GENERAL CONDITIONS OF APPOINTMENT AND REAPPOINTMENT

1.B.1. Basic Responsibilities and Requirements:

As a condition of consideration for appointment or reappointment, permission to practice or renewal of permission to practice, and as a condition of continued appointment or affiliation, every Medical Staff member and/or Allied Health Professional specifically agrees to the following:

(a) to provide continuous and timely care to all patients for whom the individual has responsibility;

(b) to abide by all Bylaws, Policies and Procedures, and Rules and Regulations of the Hospital and Medical Staff in force during the time the individual is appointed;

(c) to accept committee assignments, emergency service call obligations, care of unassigned patients, consultation requests, participation in quality improvement and peer review activities, and such other reasonable duties and responsibilities as assigned;

(d) to comply with clinical practice protocols and guidelines that are established by, and must be reported to, regulatory or accrediting agencies or patient safety organizations, including those related to national patient safety initiatives and core measures, or clearly document the clinical reasons for variance;

(e) to also comply with clinical practice protocols and guidelines pertinent to his or her medical specialty, as may be adopted by the Medical Staff or the Medical Staff leadership, or clearly document the clinical reasons for variance;

(f) to inform the CEO (or his or her designee) and the President of the Medical Staff of any change in the practitioner's status or any change in the information provided on the individual's application form. This information shall be provided with or without request, at the time the change occurs, and shall include, but not be limited to, changes in licensure or certification status or professional liability insurance coverage, the filing of a lawsuit against the practitioner (excludes filing for a Review Panel), changes in the practitioner's Medical Staff or Allied Health Professional status at any other Hospital, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any changes in the individual's ability to safely and competently exercise clinical privileges or perform the duties and responsibilities of appointment or affiliation because of health status issues, including impairment due to addiction;

(g) to constructively participate in the development, review, and revision of clinical protocols and pathways pertinent to his or her medical specialty, including those related to national patient safety initiatives and core measures;

(h) to immediately submit to a blood and/or urine test, or to a complete physical and/or mental evaluation, if at least two Medical Staff leaders (or one Medical Staff leader and one member of the Administrative team) are concerned with the individual's ability to safely and competently care for patients. The health care professional(s) to perform the testing and/or evaluations shall be determined by the Medical Staff leadership;

(i) to appear for personal interviews in regard to an application for initial appointment or reappointment;

(j) to use the Hospital sufficiently to allow continuing assessment of current competence;

(k) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;

(l) to refrain from delegating responsibility for Hospitalized patients to any individual who is not qualified or adequately supervised;

(m) to refrain from deceiving patients as to the identity of any individual providing treatment or services;

(n) to seek consultation whenever necessary;

(o) to participate in monitoring and evaluation activities;

(p) to complete in a timely manner all medical and other required records, containing all information required by the Hospital;

(q) to participate in an Organized Health Care Arrangement with the Hospital, to abide by the terms of the Hospital's Notice of Privacy Practices with respect to health care delivered in the Hospital, and to provide patients with a Notice of Organized Health Care Arrangement as a supplement to his or her own Notice of Privacy Practices;

(r) to perform all services and conduct himself/herself at all times in a cooperative and professional manner;

(s) to promptly pay any applicable dues, assessments and/or fines;

(t) to satisfy continuing medical education requirements as stipulated by the Louisiana State Board of Medical Examiners;

(u) if an Allied Health Professional, to refrain from assuming responsibility for diagnosis or care of Hospitalized patients for which he or she is not qualified or without adequate supervision;

(v) if an Allied Health Professional, to refrain from deceiving patients as to his or her status as an Allied Health Professional;

(w) that any misstatement in, or omission from, the application is grounds for the Hospital to stop processing the application. If appointment or permission to practice has been granted prior to the discovery of a misstatement or omission, appointment or permission to practice and privileges or scope of practice may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal; and

(x) to participate in the Emergency Response/Disaster Plan of the Hospital by reporting to Emergency Operations Command Center when the Hospital Emergency Operations Plan is implemented.

1.B.2. Burden of Providing Information:

(a) Individuals seeking appointment/permission to practice and reappointment/renewal of permission to practice have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts.

(b) Individuals seeking appointment/permission to practice and reappointment/renewal of permission to practice have the burden of providing

evidence that all the statements made and information given on the application are accurate and complete.

(c) An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, all information has been verified from primary sources, and any required fees have been paid. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

(d) The individual seeking appointment/permission to practice and reappointment/renewal of permission to practice is responsible for providing a complete application, including adequate responses from references. An incomplete application shall not be processed.

I.C: APPLICATION

I.C.1. Application Process:

(a) An application for appointment to the Medical Staff shall only be provided upon request to the Medical Staff Services Department. At the time the request is made, the applicant must supply a current, valid e-mail address. When the request is received, the applicant will be sent an electronic transmission which outlines the threshold criteria for appointment and applicable clinical privileges and an explanation of the review process and how to access the application form. Included in that transmission will be a secure password for access to the electronic application with instructions on how to access and use the site.

(b) An application form is provided only on a secure electronic site that the applicant can access. The application will be completed online and reviewed. It will then be sent electronically by the applicant to the electronic address, where it can be printed, signed, and mailed to the Medical Staff Services Department Office at the address provided. Once granted access, the applicant has 30 days to complete the application, after which time it will be deemed abandoned and removed from the site along with the applicant's access to the site.

(c) Applications will be accepted only from those individuals who, according to the Medical Staff Bylaws and these Policies and Procedures, are eligible for appointment to the Medical Staff, who meet established threshold criteria, and who indicate an intention to utilize the Hospital as required by the staff category to which they desire appointment.

1.C.2. Information:

(a) Applications for appointment/permission to practice and reappointment/renewal of permission to practice shall contain a request for specific clinical privileges or scope of practice and shall require detailed information concerning the individual's professional qualifications. The applications for initial appointment, reappointment, and permission to practice existing now and as may be revised are incorporated by reference and made a part of these Policies and Procedures.

(b) In addition to other information, the applications shall seek the following:

(1) the names and complete addresses of at least two physicians, dentists, podiatrists or other practitioners, as appropriate, who have had recent extensive experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's present professional competence and character. These references may not be from individuals associated or about to be associated with the applicant in professional practice or personally related to the applicant. At least one reference shall be in the same specialty area as the applicant. If the applicant has just completed an approved residency-training program, the requirement of this section may be fulfilled by providing the name of the department chairperson and one other faculty member;

(2) the names and complete addresses of the department chairpersons of any and all Hospitals or other institutions at which the applicant has worked or trained (i.e., the individuals who served as chairpersons at the time the applicant worked in the particular department). If the number of Hospitals the applicant has worked in is great, or if a number of years have passed since the applicant worked at a particular Hospital, the Credentials Committee and the Board may take such into consideration;

(3) information as to whether the applicant's Medical Staff appointment or clinical privileges have ever been relinquished, withdrawn, denied, revoked, suspended, subjected to probationary conditions, reduced or not renewed at any other Hospital or health care facility;

(4) a complete chronological listing of the applicant's professional and educational appointments, employment, or positions;

(5) information as to whether the applicant's Medical Staff appointment, permission to practice, or clinical privileges have been voluntarily or involuntarily relinquished, withdrawn, denied, revoked, suspended, subjected to probationary or other conditions, reduced, limited, terminated, or not renewed at any other Hospital or health care facility, or are currently being investigated or challenged, or if the applicant resigned

from the Medical Staff before a final decision by a Hospital's or health care facility's governing board;

(6) information as to whether the applicant's license or certification to practice any relevant profession in any state, Drug Enforcement Administration registration, or any state's controlled substance license has been voluntarily or involuntarily suspended, modified, terminated, restricted, reprimanded, or relinquished or is currently being investigated or challenged. The submitted application shall include a list or copy of all the applicant's current licenses to practice, as well as copies of Drug Enforcement Administration license, medical or dental or podiatric school diploma, and certificates from all post-graduate training programs completed;

(7) information concerning the applicant's professional liability litigation experience, including past and pending claims, final judgments, or settlements, or any cases that are currently before a malpractice review panel; the substance of the allegations as well as the findings and the ultimate disposition; and any additional information concerning such proceedings or actions as the Credentials Committee, the Executive Committee, or the Board may request;

(8) information as to whether the applicant's membership in any local, state, or national professional society is or has ever been suspended, modified, terminated, or restricted or is currently being challenged;

(9) information as to whether the applicant has currently in force professional liability insurance coverage, the name of the insurance company and the amount and classification of such coverage, and whether this insurance coverage covers the clinical privileges the applicant seeks to exercise at the Hospital;

(10) information concerning any professional misconduct proceedings and any malpractice actions involving the applicant in this state or any other state, which may be closed or still pending (including Review Panels);

(11) information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid or any other government-sponsored program or any private or public medical insurance program and information as to whether the applicant is currently under investigation;

(12) a consent to the release of information from the applicant's present and past professional liability insurance carriers;

(13) information on the applicant's physical and mental health;

(14) information as to whether or not the applicant is or has been under investigation or has entered into a contract with any Impaired Physicians Committee in Louisiana, or with a similar entity in another state;

(15) information as to whether the applicant has ever been named as a defendant in a criminal action and/or convicted of a crime, with details about any such instance;

(16) information on the citizenship and/or visa status of the applicant;

(17) current information regarding the applicant's ability to safely and competently exercise the clinical privileges requested;

(18) a copy of a government-issued photo identification;

(19) information as to the applicant's compliance with all of the qualifications and criteria outlined in the Bylaws, Policies and Procedures and Rules and Regulations of the Medical Staff and Hospital;

(20) a report from the National Practitioner Data Bank; and

(21) such other information as the Board may require.

(c) The applicant shall sign the application and certify that he or she is able to perform the privileges requested and the responsibilities of appointment.

1.C.3. Grant of Immunity and Authorization to Obtain/Release Information:

By requesting an application and/or applying for appointment, reappointment, permission to practice, renewal of permission to practice, and clinical privileges or scope of practice, the individual expressly accepts the following conditions:

(i) whether or not appointment or permission to practice and clinical privileges or scope of practice are granted;

(ii) throughout the term of any appointment, reappointment or affiliation period and thereafter, and, as applicable, to any third-party inquiries received after the individual leaves the Medical Staff or ceases to practice as a Medical Staff member or an Allied Health Professional about his or her tenure at the Hospital.

(a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, extends absolute immunity to, and agrees not to sue the Hospital, any member of the Medical Staff, their authorized representatives, and third parties

The individual specifically authorizes the Willis-Knighton Health System facilities (Willis-Knighton Hospital, Willis-Knighton South Hospital, Willis-Knighton South Women's Center, and WK Pierremont Health Center) to share credentialing and peer review information within the system pertaining to the individual's clinical competence and/or professional conduct. This information may be shared at initial appointment or reappointment and at any other time during the individual's appointment.

1.D. SUBMISSION OF APPLICATION

(1) Application Fee

The application for appointment shall be submitted by the applicant to the CEO or designee. The application must be accompanied by payment of a non-refundable processing fee as follows:

Active, Courtesy, or Network Affiliate Staff--------$500
Consulting Staff----------$350
Affiliate or Resident/ Fellow----------No Fee

After reviewing the application to determine that all questions have been answered, reviewing all references and other information or materials deemed pertinent, and verifying the information provided in the application with the primary sources, the CEO or designee shall transmit the complete application and all supporting materials to the appropriate department chairperson.

(2) Detailed Application

The application shall contain a request for specific clinical privileges desired by the applicant and shall require detailed information concerning the applicant's professional qualifications.

The history of malpractice verdicts and the settlement of malpractice claims, as well as pending claims, will be evaluated as criterion for appointment, reappointment, and the granting of particular clinical privileges. The mere existence of verdicts, settlements or claims will not, in and of themselves, be sufficient to deny appointment or particular clinical privileges. What will be evaluated is the extent to which verdicts, settlements or claims evidence a pattern of care that raises questions of clinical competence. In addition, a particularly serious, single incident that gives rise to a claim, settlement or verdict must be examined to see if it requires an evaluation of all the similar precedents or incidents or whether, in and of itself, it represents such a deviation from good practice as to raise overall questions about clinical competence, skill in the particular clinical privilege, or general behavior in giving care. The fact that an applicant has been impaired because of substance abuse or mental illness will not in and of itself be sufficient to deny appointment or particular clinical privileges. What will be evaluated is

the extent to which the individual has fulfilled his or her obligation to ongoing treatment and care, his or her current mental and physical status, and any pertinent information provided by the Medical Staff's representative to the Impaired Physicians Committee.

(3) Failure to Meet Threshold Criteria

Individuals who fail to meet the threshold eligibility criteria shall be notified that they are ineligible to apply. There is no right to a hearing on determination of ineligibility.

(4) Resident Applications

Applications may be provided to residents who are in the final six months of their training. Final action shall not be taken until all applicable threshold eligibility criteria are satisfied.

(5) Complete Application

An application form shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation supplied, all information verified, and any required fees paid. If for any reason the application is considered incomplete, the applicant must be notified within 15 days of such determination.

For the application to be complete, all requested additional or clarifying information required anytime during the evaluation must also be supplied within 15 days after it has been requested. Failure to supply additional required information will again render the application incomplete. Any application that continues to be incomplete 15 days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed and will not be forwarded to the Board for action.

SECTION 2: INITIAL APPOINTMENT

2.A.1. Department Chairperson Procedure:

(a) The chairperson of each department in which the applicant seeks clinical privileges shall provide the Credentials Committee with a report concerning the applicant's qualifications for appointment and requested clinical privileges. This report shall be appended to the Credentials Committee's report. As part of the process of making this report, the department chairperson has the right to meet with the applicant to discuss any aspect of the application, qualifications and requested clinical privileges.

(b) The department chairperson shall evaluate the applicant's education, training, and experience. Such evaluation shall include inquiries directed to the applicant's past

or current department chairperson(s), residency training director, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.

(c) The department chairperson shall be available to the Credentials Committee to answer any questions that may be raised with respect to that chief's report and findings.

(d) The department chairperson has 30 days from the time a completed application is presented to provide a report to the Credentials Committee.

2.A.2. Credentials Committee Procedure:

(a) The Credentials Committee shall review and consider the report prepared by the relevant department chairperson and shall make a recommendation.

(b) The Credentials Committee may use the expertise of the department chairperson, or any member of the department, or an outside consultant, if additional information is needed regarding the applicant's qualifications.

(c) After determining that an applicant is otherwise qualified for appointment and privileges, the Credentials Committee shall review the applicant's Health Status Confirmation form to determine if there is any question about the applicant's ability to perform the privileges requested and the responsibilities of appointment. If so, the Credentials Committee may require the applicant to undergo a physical and/or mental examination by a physician(s) satisfactory to the Credentials Committee. The results of this examination shall be made available to the Credentials Committee for its consideration. Failure of an applicant to undergo an examination within a reasonable time frame after being requested to do so in writing by the Credentials Committee shall be considered a voluntary withdrawal of the application and all processing of the application shall cease.

(d) The Credentials Committee may recommend the imposition of specific conditions. These conditions may relate to behavior (e.g., code of conduct) or to clinical issues (e.g., general consultation requirements, proctoring). The Credentials Committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any condition.

(e) The Credentials Committee has 30 days from the time a completed application is presented to provide a report to the Medical Executive Committee. If the recommendation of the Credentials Committee is delayed longer than 30 days, the Chairperson of the Credentials Committee shall send a letter to the applicant, with a copy to the Executive Committee and CEO, explaining the reasons for the delay.

(f) After an application has been acted upon by the Board, the applicant shall be notified of the Board's action in writing no more than 15 days from the time such action is taken.

2.A.3. Executive Committee Recommendation:

(a) At its next regular meeting after receipt of the written findings and recommendations of the Credentials Committee, the Executive Committee shall:

(1) adopt the findings and recommendations of the Credentials Committee as its own; or

(2) refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the Executive Committee prior to its final recommendation; or

(3) state its reasons in its report and recommendations, along with supporting information, for its disagreement with the Credentials Committee's recommendation.

(b) If the recommendation of the Executive Committee is to appoint, the recommendation shall be forwarded to the Board through the CEO (or his or her designee).

(c) If the recommendation of the Executive Committee would entitle the applicant to request a hearing pursuant to this Policy, the Executive Committee shall forward its recommendation to the CEO (or designee), who shall promptly send special notice to the applicant. The CEO (or designee) shall then hold the application until after the applicant has completed or waived a hearing and appeal.

2.A.4. Board Procedure:

Upon receipt of recommendations from the Executive Committee that the applicant be appointed with the clinical privileges requested:

(a) The Board may delegate to a committee, consisting of at least two Board members, action on appointment, reappointment, and clinical privileges if there has been a favorable recommendation from the Credentials Committee and the Executive Committee and there is no evidence of any of the following:

(1) a current or previously successful challenge to any license or registration;

(2) an involuntary termination, limitation, reduction, denial, or loss of appointment or privileges at any other Hospital or other entity; or

(3) an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Any decision reached by the Board committee to appoint shall be effective immediately and shall be forwarded to the Board for ratification at its next meeting.

(b) When there has been no delegation to the Board committee, upon receipt of a recommendation that the applicant be granted appointment and clinical privileges, the Board may:

(1) appoint the applicant and grant clinical privileges as recommended; or

(2) refer the matter back to the Credentials Committee and/or Executive Committee or to another source inside or outside the Hospital for additional research or information; or

(3) reject or modify the recommendation.

(c) If the Board determines to reject a favorable recommendation, it should first discuss the matter with the Chair of the Credentials Committee and the Chair of the Executive Committee. If the Board's determination remains unfavorable to the applicant, it shall make no final decision until the applicant has exercised or waived the right to a hearing and appeal as outlined in this Policy. The CEO (or designee) shall promptly send special notice to the applicant that the applicant is entitled to request a hearing.

(d) Any final decision by the Board to grant, deny, revise or revoke appointment and/or clinical privileges is disseminated to appropriate individuals and, as required, reported to appropriate entities.

(e) After an application has been acted upon by the Board, the applicant shall be notified of the Board's action in writing no more than 15 days from the time such action is taken.

2.A.5. Withdrawal of Application:

At any time during the appointment process, should the applicant voluntarily withdraw the application, the applicant shall:

(a) have a copy of the original application kept on file in the Medical Staff Office for a period of five years, which application may be reviewed should the applicant reapply; and
(b) be assessed a reapplication fee of $200, if a future application is to be processed.

SECTION 3: PROVISIONAL STATUS

3.A.1. Nature of Provisional Period:

All initial appointments, regardless of the category of the staff to which the appointment is made, and all initial grants of clinical privileges, whether at the time of appointment, reappointment, or during the term of appointment, shall be provisional.

3.A.2. Focused Professional Practice Evaluation:

Within the first two months after appointment (or any granted extension), the individual's exercise of the relevant clinical privileges will be evaluated by the Departmental Performance/PEER Review Panels in which the individual has clinical privileges. The evaluation will follow the process outlined in Part VI, Appendix H of these Policies and Procedures.

3.A.3. Duration of Provisional Period:

(a) The duration of the provisional period for initial appointment and privileges will be determined by the Departmental Performance/PEER Review Panel, but in no circumstances will exceed 24 months.

(b) The duration of the provisional period for all other initial grants of privileges will be as recommended by the Credentials Committee following the recommendations of the Departmental Performance/PEER Review Panels.

3.A.4. Duties During Provisional Period:

(a) During the provisional period, a member must participate in the Focused Professional Practice Evaluation ("FPPE") by arranging for and cooperating with the FPPE process outlined in Part VI, Appendix H of these Policies and Procedures.

(b) A new member of the Medical Staff shall automatically relinquish his or her appointment and privileges at the end of the provisional period if that new member fails, during the provisional period, to:

(1) participate in the required number of cases;

(2) cooperate with the monitoring and review conditions; or

(3) fulfill all requirements of appointment, including but not limited to those relating to completion of medical records and/or emergency service call responsibilities.

In such case, the individual may not reapply for initial appointment or privileges for two years.

(c) If a member of the Medical Staff who has been granted additional clinical privileges fails, during the provisional period, to complete the FPPE process outlined in Part VI, Appendix H of these Policies and Procedures, the additional clinical privileges shall be automatically relinquished at the end of the provisional period. The individual may not reapply for the privileges in question for two years.

(d) When, based on the FPPE performed during the provisional period, clinical privileges are terminated, revoked, or restricted for reasons related to clinical competence or professional conduct, the individual shall be entitled to a hearing and appeal.

(e) Failure of the provisional appointee to the Active or Associate Staff to complete the FPPE process, or failure of the appointee, during the provisional period, to fulfill all requirements of appointment relating to meeting attendance, completing medical records, and cooperation with proctoring, as outlined in this Policy, shall render the provisional appointee ineligible to apply for reappointment. In that event, at the expiration of provisional appointment, all clinical privileges will terminate. The appointee may be permitted to reapply, in the future, for initial appointment, in accordance with this Policy, if the individual evidences a greater interest in or intention to use the Hospital at that time. This provision may be waived, at the discretion of the Credentials Committee, the Executive Committee, and/or the Board, for appointees in specialties that do not require use of Hospital facilities or treatment of Hospitalized patients.

(f) Failure of the provisional appointee to any other staff category, except Active or Associate, to complete the FPPE process during the provisional period such that an adequate and appropriate assessment of that appointee's abilities can be made or failure of the appointee to fulfill any other requirements necessary during the provisional period relating to meeting attendance, completion of medical records, or cooperation with proctoring as outlined in this Policy shall render the appointee ineligible to apply for reappointment. In that event, at the expiration of provisional appointment, all clinical privileges will terminate. The appointee may be permitted to reapply in the future for initial appointment, in accordance with this Policy, if the individual evidences a greater intention or interest to conform to the policies set forth herein and to use the Hospital at that time. This provision may be waived, at the discretion of the Credentials Committee, the Executive Committee, and/or the Board, for appointees who in their opinion serve the best interests of patient care and fulfill a definite need of the Hospital.

SECTION 4: CLINICAL PRIVILEGES

4.A.1. General:

(a) Neither Medical Staff appointment nor reappointment shall confer any clinical privileges or right to practice at the Hospital.

(b) Each individual who has been appointed to the Medical Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board, and by accepting the appointment specifically agrees to practice only within the scope of those privileges granted.

(c) The grant of clinical privileges shall carry with it acceptance of the obligations of such privileges, including emergency service and other rotational obligations established to fulfill the Hospital's responsibilities under the Emergency Medical Treatment and Active Labor Act or other applicable requirements or standards.

(d) In order for a request for privileges to be processed, the applicant must satisfy any applicable threshold eligibility criteria.

(e) Requests for clinical privileges that are subject to an exclusive contract shall not be processed except as consistent with applicable contracts.

(f) The clinical privileges recommended to the Board shall be based upon consideration of the following:

(1) the applicant's ability to meet all current criteria for the requested clinical privileges;

(2) the applicant's education, relevant training, experience, and demonstrated current clinical competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families, and other members of the health care team and peer evaluations relating to the same;

(3) appropriateness of utilization patterns;

(4) ability to perform the privileges requested competently and safely;

(5) information resulting from ongoing and focused professional practice evaluation, and performance improvement and other peer review activities, if applicable;

(6) availability of qualified physicians or other appropriate appointees to provide medical coverage for the applicant in case of the applicant's illness or unavailability;

(7) adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;

(8) the Hospital's available resources, equipment and types of personnel necessary to support the requested privilege;

(9) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;

(10) any information concerning professional review actions, the voluntary or involuntary termination of Medical Staff appointment, or the voluntary or involuntary limitation, reduction, or loss of clinical privileges at another Hospital;

(11) practitioner-specific data as compared to aggregate data, when available;

(12) morbidity and mortality data, when available;

(13) professional liability actions, especially any such actions that reflect an unusual pattern or excessive number of actions;

(14) current National Practitioner Data Bank query; and

(15) completion of the FPPE process in the appropriate department(s) and the recommendation of the Departmental Performance/PEER Review Panel as outlined in Part VI, Appendix H of these Policies and Procedures.

(g) The applicant shall have the burden of establishing qualifications for and competence to exercise the clinical privileges requested.

(h) The reports of the chairperson of the clinical department in which privileges are sought shall be forwarded to the Credentials Committee and processed as a part of the initial application for staff appointment.

(i) During the term of appointment, a member may request increased privileges by applying in writing. The request shall state the specific additional clinical privileges requested and information sufficient to establish eligibility, as specified in applicable criteria. If the individual is eligible and the application is complete, it shall be processed in the same manner as an application for initial clinical privileges.

4.A.2. Clinical Privileges for New Procedures:

Requests for clinical privileges to perform either a significant procedure not currently being performed at the Hospital or a significant new technique to perform an existing procedure ("new procedure") shall not be processed until the process outlined in Part VI, Appendix I (Medical Staff, New Privileges) of these Policies and Procedures is completed.

4.A.3. Clinical Privileges That Cross Specialty Lines:

(a) Requests for clinical privileges that traditionally at the Hospital have been exercised only by individuals from another specialty shall not be processed until the steps outlined in this Section have been completed and a determination has been made regarding the individual's eligibility to request the clinical privileges in question.

(b) When the request for privileges crosses department lines, the request will be submitted to the chairperson of each department for his or her recommendation. Should there be a disagreement as to whether the privilege should be granted, the Credentials Committee will make the final determination regarding the granting of the privilege(s).

(c) If the department chairpersons are in agreement, then the recommendation will be forwarded to the Credentials Committee and acted upon in the usual fashion.

(d) The Credentials Committee shall conduct research and consult with experts, including those on the Medical Staff (e.g., department chairpersons, individuals on the Medical Staff with special interest and/or expertise) and those outside the Hospital (e.g., other Hospitals, residency training programs, specialty societies).

(e) The Credentials Committee may or may not recommend that individuals from different specialties be permitted to request the privileges at issue. If it does, the committee with input from the appropriate departments may develop recommendations regarding:

(1) the minimum education, training, and experience necessary to perform the clinical privileges in question;

(2) the clinical indications for when the procedure is appropriate;

(3) the manner of addressing the most common complications that arise, which may be outside of the scope of the clinical privileges that have been granted to the requesting individual;

(4) the extent of focused monitoring and supervision that should occur if privileges were to be granted;

(h) If an individual's current appointment is due to expire during the leave, the individual's appointment and clinical privileges shall lapse at the end of the appointment period, and the individual shall be required to apply for reappointment.

(i) Leaves of absence are matters of courtesy, not of right. In the event that it is determined that an individual has not demonstrated good cause for a leave, or where a request for extension is not granted, the determination shall be final, with no recourse to a hearing and appeal.

SECTION 5: REAPPOINTMENT TO THE MEDICAL STAFF

5.A: PROCEDURE FOR REAPPOINTMENT

5.A.1. General:

All terms, conditions, qualifications and procedures relating to initial appointment apply to an individual's ongoing appointment and clinical privileges and to reappointment.

5.A.2. Eligibility for Reappointment:

To be eligible to apply for reappointment and renewal of clinical privileges, an individual must have, during the previous appointment term:

(a) completed all medical records;

(b) satisfied all Medical Staff responsibilities, including payment of dues, fines, and assessments;

(c) continued to meet all qualifications and criteria for appointment and the clinical privileges requested; and

(d) had sufficient patient contacts to enable the assessment of current clinical judgment and competence for the privileges requested. Any individual seeking reappointment who has minimal activity at the Hospital must submit such information as may be requested (such as a copy of his or her confidential quality profile from his or her primary Hospital, clinical information from the individual's private office practice, and/or a quality profile from a managed care organization) before the application shall be considered complete and processed further.

5.A.3. Factors for Evaluation:

In considering an individual's application for reappointment, the factors listed in Section 1.A.4. of this Part of the Policies and Procedures shall be considered. Additionally, the following factors shall be evaluated as part of the reappointment process:

(a) compliance with the Bylaws, Policies and Procedures, and Rules and Regulations of the Medical Staff and the Hospital;

(b) participation in Medical Staff duties, including committee assignments and emergency call;

(c) the results of the Hospital's performance improvement, ongoing professional practice evaluation, and other peer review activities, taking into consideration practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided that, other practitioners shall not be identified);

(d) any focused professional or ongoing practice evaluations;

(e) verified complaints received from patients and/or staff; and

(f) other reasonable indicators of continuing qualifications.

5.A.4. Applications for Reappointment:

(a) Each current appointee who is eligible to be reappointed to the Medical Staff shall be responsible for completing a reappointment application form. The appointee will be notified by special notice of the necessity for reappointment approximately six months before the expiration of the current appointment.

(b) All applications for reappointment shall be completed electronically and the letter advising the appointee of the reappointment requirements will contain a secure password with instructions on how to access the site where the forms are available.

(c) The application for reappointment will be completed online and reviewed. It will then be sent electronically by the applicant to the electronic address, where it can be printed, signed, and mailed to the Medical Staff Services Department at the address provided.

(d) Reappointment processing fees are applied as follows:

Active and Active Affiliate Staff:

$150 if submitted on time and the physician can document 50% attendance at general Medical Staff meetings and/or 50% attendance at relevant medical staff department meetings as outlined in the Bylaws.

If attendance requirements for general Medical Staff and/or relevant Medical Staff department meetings are not met there will be an additional surcharge of $500.00 assessed at reappointment. This fee is in addition to the reappointment fee and any late fees assessed.

The reapplication processing fee is waived for any physician who has actively participated (50% attendance) in a committee of the Medical Staff during at least one year since the previous reappointment, provided the attendance requirements for general staff and department meetings are met.

Courtesy and Consulting Staff, effective January 1, 2009: $250 if submitted on time.

Honorary, Resident/Fellow Staff: No fee.

To be eligible to apply for reappointment, an individual must have:

(1) satisfied all meeting requirements during the previous appointment term;

(2) completed all medical records;

(3) met all Medical Staff responsibilities and fulfilled all duties assigned by the department chairperson in the previous appointment term; and

(4) continued to meet all qualifications and criteria outlined in the Medical Staff and Hospital Bylaws, Policies and Procedures and Rules and Regulations which may apply to his or her category of appointment.

(e) The reappointment application shall be submitted to the Medical Staff Services Department no later than four months prior to the expiration of the appointee's current appointment period. An application for reappointment less than four months but more than two months prior to the expiration of appointment must be accompanied by a late fee of $300. An application for reappointment less than two months but more than one month prior to the expiration of appointment must be accompanied by a fee of $400.

Late fees are in addition to any other fees that may apply. Failure to attach the correct reappointment fee with the reapplication or failure to submit an application within one month of the date of expiration will result in automatic expiration of the appointee's appointment and clinical privileges at the end of the

then current Medical Staff year. An applicant whose appointment to the staff has expired in this fashion must reapply in the usual fashion as provided in Section 1 of this Part of the Policies and Procedures and such application must be accompanied by a fee of $1,000.

(f) To be eligible to apply for renewal of clinical privileges, an individual must have performed sufficient procedures, treatment or therapy in the previous appointment term to enable the department chief to assess the applicant's clinical competence.

(g) Reappointment, if granted by the Board, shall be for a period of not more than two years from the date of Board approval. Each appointee shall come up for reappointment in or before the month of his or her last Board approval date.

(h) The application shall be reviewed by the Medical Staff Office to determine that all questions have been answered and that the individual satisfies all threshold eligibility criteria for reappointment and for the clinical privileges requested.

(i) The Medical Staff Services Department shall oversee the process of gathering and verifying relevant information. The Medical Staff Services Department shall also be responsible for confirming that all relevant information has been received and all appropriate fees paid.

5.A.5. Reappointment Process:

(a) The Medical Staff Services Department shall forward the application to the relevant department chairperson and the application for reappointment shall be processed in a manner consistent with applications for initial appointment.

(b) If it becomes apparent to the Credentials Committee or the Executive Committee that it is considering a recommendation to deny reappointment or a requested change in staff category, or to reduce clinical privileges, the Chair of the committee may notify the individual of the general tenor of the possible recommendation and invite the individual to meet prior to any final recommendation being made. At the meeting, the individual should be informed of the general nature of the information supporting the recommendation contemplated and shall be invited to discuss, explain or refute it. This meeting is not a hearing, and none of the procedural rules for hearings shall apply. The committee shall indicate as part of its report whether such a meeting occurred and shall include a summary of the meeting with its minutes.

5.A.6. Conditional Reappointments:

(a) Recommendations for reappointment and renewed privileges may be contingent upon an individual's compliance with certain specific conditions. These conditions may relate to behavior (e.g., code of conduct) or to clinical issues (e.g., general consultation requirements, proctoring, completion of CME requirements).

Unless the conditions involve the matters set forth in Part IV, Section 1.A.1. of these Policies and Procedures, the imposition of such conditions does not entitle an individual to request the procedural rights set forth in Part IV, Section 1 of these Policies and Procedures.

(b) In the event the application for reappointment is the subject of an investigation or hearing at the time reappointment is being considered, a conditional reappointment for a period of less than two years may be granted pending the completion of that process.

(c) In addition, reappointments may be recommended for periods of less than two years in order to permit closer monitoring of an individual's compliance with any conditions that may be imposed. A recommendation for reappointment for a period of less than two years does not, in and of itself, entitle an individual to the procedural rights set forth in Part IV, Section 1 of these Policies and Procedures.

5.A.7. Time Periods for Processing:

(a) Only complete reappointment applications will be processed.

(b) Once an application is deemed complete, it is expected to be processed within 120 days, unless it becomes incomplete. This time period is intended to be a guideline only and shall not create any right for the applicant to have the application processed within this precise time period.

(c) Under no circumstances can an application for reappointment be extended past the month of the last Board approval date.

SECTION 6: PERFORMANCE/PEER REVIEW

6.A. ONGOING AND FOCUSED PROFESSIONAL PRACTICE EVALUATIONS

All ongoing and focused professional practice evaluations shall be conducted in accordance with the Medical Staff's peer review procedures. Matters that cannot be appropriately resolved through collegial intervention or through the peer review process shall be referred to the Executive Committee for its review in accordance with Part III, Section 1 of the Policy and Procedure of the Medical Staff.

6.B. COLLEGIAL INTERVENTION

(1) These Policies and Procedures encourage the use of progressive steps by Medical Staff leaders and Hospital management, beginning with collegial and educational efforts, to address questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

Attachment 2

CHRISTUS Health
Shreveport-Bossier

MEDICAL STAFF BYLAWS

AS RECOMMENDED BY:

Physician Advisory Committee
February 1, 2000

AS RECOMMENDED BY:

CHRISTUS Schumpert Bossier Medical Executive Committee
February 4, 2000

CHRISTUS Schumpert Highland Medical Executive Committee
February 7, 2000

CHRISTUS Schumpert St. Mary Place Medical Executive Committee
February 7, 2000

CHRISTUS Schumpert Medical Staff
March 14, 2000

Amendments Approved:

October 11, 2002
October 10, 2003
July 28, 2004
January 25, 2006
October 25, 2006
July 25, 2007
October 31, 2008 (Restated Previous Approval)
October 30, 2009 (Restated Previous Approval)
January 20, 2010
January 19, 2011
January 17, 2012
October 24, 2012

DEFINITIONS

1. **BOARD OF DIRECTORS OR BOARD** means the governing body of the CHRISTUS Health Shreveport-Bossier Corporation.

2. **CHIEF EXECUTIVE OFFICER OR DESIGNEE** means the President and Chief Executive Officer of CHRISTUS Health Shreveport-Bossier who is the individual appointed by the Board of Directors to act in its behalf in the overall management of the hospital or the President and Chief Executive Officer's designee. The title of "designee" may be Chief Medical Officer.

3. **CHIEF MEDICAL OFFICER** is that individual appointed by the CHRISTUS Health Shreveport-Bossier Board, at the recommendation of the system CEO, who will obtain input from Medical Executive Committee, to act as the Chief Medical Officer of the system in cooperation with the Chief Executive Officer, who serves as a member, ex officio, without vote on all Medical Staff Committees, including but not limited to the Medical Executive Committee, and who acts in coordination with the president of the Medical Staff as defined in these Bylaws.

4. **CLINICAL PRIVILEGES OR PRIVILEGES** means the permission granted by the Board to a practitioner to provide those diagnostic, therapeutic, medical or surgical services specifically delineated to him.

5. **CORPORATION** means CHRISTUS Health Shreveport-Bossier Health System.

6. **DAY** means a working day, excluding Saturdays, Sundays, and legal holidays.

7. **EX OFFICIO** means service as a non voting member of a body by virtue of office or position held.

8. **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)** means a time limited period whereby the privilege / procedure specific competence of a physician who does not have documented evidence of performing the requested privilege at CHRISUTS Health Shreveport-Bossier is evaluated; will be implemented for all initially granted privileges, all newly requested privileges, or any concerns regarding the physicians current performance or competence.

9. **IMPAIRED PHYSICIAN** a physician licensed to practice medicine who is unable to practice medicine with reasonable skill and safety to patients because of mental illness or deficiency, physical illness, including but not limited to deterioration through the aging process or loss of motor skills, and/or excessive use or abuse of drugs, including alcohol. Impairment may also be deemed to exist where, by virtue of mental or physical illness or condition, a physician's continued practice of medicine poses a substantial risk of physical harm to himself, to his family or to other individuals, whether or not a physician-patient relationship exists between the physician and such individuals. Impairment may be identified by the physician, his peers, employers and/or employees, family members, patients or others.

10. **MEDICAL EXECUTIVE COMMITTEE (MEC)** means the executive committee of the CHRISTUS Health Shreveport-Bossier Medical Staff, which comprises all hospital facilities.

11. **MEDICAL STAFF** means all medical, osteopathic, dental, oral surgery, and podiatric physicians holding unlimited licenses from the appropriate Louisiana licensure board, or other state if exempted by their respective Louisiana licensing board, who are appointed and privileged to attend patients or provide other diagnostic, therapeutic, teaching or research services in the Health System.

12. **MEDICAL STAFF AND BOARD AUTHORITIES or AUTHORITIES OF THE MEDICAL STAFF AND BOARD** means any committees, officers, and clinical units of the staff, and the board any committees or officers thereof, who have defined responsibilities in effecting the particular function or activity that is the subject of the particular provision in which the above defined phrase is used.

13. **MEDICAL STAFF BY LAWS or BYLAWS** means this document which outlines the structure, process and procedures for self governance, structure of the organized medical staff, credentialing, investigation, hearing and appeals.

14. **MEDICAL STAFF MEMBER IN GOOD STANDING or MEMBER IN GOOD STANDING** means a practitioner who has been appointed to the Medical Staff, who is not under suspension (full or partial) for any reason set forth in these bylaws, or any other policies of the Medical Staff or the hospital.

15. **MEDICAL STAFF YEAR** means the 12 month period commencing on January 1 of each year and ending on December 31 of each year.

16. **ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)** means the continuous evaluation of a physicians professional performance, as opposed to an episodic evaluation; helps to identify professional practice trends that may impact the quality of care and patient safety; allows for timely intervention for problematic performance; provided to the physicians on a regular basis (at least semi-annually).

17. **PATIENT ENCOUNTER** is any inpatient or outpatient contact by a physician by virtue of their role as the attending, admitting, consulting, or procedure practitioner. Multiple visits to the same patient in an episode of care, constitutes a single patient contact. The ordering of diagnostic tests or patient referral to another member of the CHRISTUS Health Shreveport-Bossier Medical Staff is not considered a patient encounter.

18. **PHYSICIAN or PRACTITIONER** means, unless otherwise expressly provided, any medical or osteopathic physician, or dentist or oral surgeon, or podiatrist, who either: (a) is applying for appointment to the Medical Staff and for clinical privileges; or (b) currently holds appointment to the Medical Staff and exercises specific delineated clinical privileges; or (c) is applying for or is exercising temporary privileges. Hereinafter, whenever the term "physician" or "practitioner" is used, it means an individual with a M.D., D.O., D.D.S., D.M.D., or D.P.M. degree.

19. **PREROGATIVE** means a participatory right granted, by virtue of staff category or otherwise, to a staff member or Allied Health Professional, and exercisable subject to the ultimate authority of the board and to the conditions and limitations imposed in these bylaws, and in other hospital and Medical Staff policies.

20. **PRIMARY CAMPUS or PRIMARY HOSPITAL** means the hospital division within the CHRISTUS Health Shreveport-Bossier System, the Medical Staff member designates as the location where they will be responsible for fulfilling on-call coverage and Medical Staff committee responsibilities, be eligible to vote, and be assigned to a clinical service for purposes of appointment, reappointment, and peer review.

21. **SPECIAL NOTICE** means written notification sent by certified mail, return receipt requested, or by personal delivery service with signed acknowledgment of receipt.

22. **UNENCUMBERED LICENSURE** means a license that is free from restriction, suspension, sanction imposed by a licensing board or regulatory body.

ARTICLE I. MEDICAL STAFF

1.1 INTEGRATED MEDICAL STAFF

The Medical Staff of CHRISTUS Health Shreveport-Bossier is an integrated Medical Staff composed of all medical, podiatric, osteopathic, and oral surgery physicians and dentists who have been granted clinical privileges and/or membership to attend patients at a division hospital within the CHRISTUS Health Shreveport-Bossier system and who have been appointed to the Medical Staff of the health system. The current hospital divisions are the following: CHRISTUS Schumpert Medical Center, and CHRISTUS Highland Medical Center. Each division shall operate under these bylaws.

1.2 PURPOSE

The purpose of this Medical Staff is to unite qualified physicians and dentists who practice in the CHRISTUS Health Shreveport-Bossier and within its hospital divisions into a cohesive body to promote good care throughout the Health System, to provide the ethical and professional standards for its members, and to offer advice, recommendations, and input to the Chief Executive Officer and the Board of Directors. The purpose of these bylaws is to provide the organization of the Medical Staff a framework for self-governance and accountability in discharging its responsibilities.

1.3 NATURE OF MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of CHRISTUS Health Shreveport-Bossier is a privilege that shall be extended only to professionally competent medical, podiatric, osteopathic, and oral surgery physicians and dentists who continuously meet the qualifications, standards, and requirements set forth in these bylaws and associated policies of the Medical Staff and CHRISTUS Health Shreveport-Bossier. Allied Health Professional staff shall not be entitled to Medical Staff membership privileges or prerogatives. Appointment, reappointment and governance of these practitioners shall be processed in accordance with the Allied Health Professional Staff Policy and Procedure Manual.

1.4 NONDISCRIMINATION

The CHRISTUS Health Shreveport-Bossier System shall not discriminate in granting Medical Staff appointment and/or clinical privileges on the basis of ancestry, creed, race, gender, national origin, faith, religion, age, or disability that does not pose a direct threat to patient health or safety.

1.5 MEDICAL STAFF MEMBER RIGHTS

1.5(a) Each Medical Staff member has the right to an audience with the Medical Executive Committee. In the event that a member is unable to resolve a difficulty working with his/her respective clinical service chief that member may, upon presentation of a written notice, meet with the Medical Executive Committee at a regular or special called meeting to discuss the issue.

1.5(b) Any active Medical Staff member has the right to initiate a recall election of a system Medical Staff officer (President or Vice President). A petition for such recall must be presented to the Medical Executive Committee and signed by at least 25% of the members of the active staff. Upon presentation of such valid petition, the Medical Executive Committee will schedule a special general staff meeting for the purpose of discussing the issue. Subsequently a ballot will be mailed or faxed to the active Medical Staff for vote. The Officer in question will be removed from office upon an affirmative vote by 2/3 of the Medical Staff members eligible to vote and voting.

1.5(c) Any active Medical Staff member may raise a challenge to any rule or policy established by the Medical Executive Committee in accordance with 1.10 Amendment section of these bylaws.

1.5(d) Any Medical Staff member has a right to meet with the chief medical officer of the Medical Staff and/or the chief executive officer of CHRISTUS Health Shreveport-Bossier, at a scheduled date and time, to discuss issues relating to Medical Staff activities.

1.5(e) Any Medical Staff member involved in issues of disciplinary action, denial of requests for appointment or clinical privileges, or any other matter relating to individual membership or privileging shall have recourse as described in the Investigation, Hearing and Appeal Procedures.

1.6 MEDICAL STAFF MEMBER RESPONSIBILITIES

1.6(a) Medical Staff members are expected to assist CHRISTUS Health Shreveport-Bossier in the fulfillment of its mission.

1.6(b) All staff members are required to designate a primary campus where the practitioner plans to have the majority (i.e. more than half) of his/her patient contacts. This campus designation will determine where the practitioner will meet his/her medical staff responsibilities to include on-call coverage if applicable. Requests for change in primary campus must be submitted in writing to the Medical Staff Office at least 90 days prior to the desired effective date, and will be subject to confirmation of appropriate volume at the requested campus as demonstrated by the requesting physicians Professional Practice Profile data for the previous 12 month period. Automatic changes in primary campus may be made at time of reappointment based on practitioner's campus specific volumes. All changes in primary campus become effective only on approval by the Board of Directors.

1.6(c) Active staff members are required to participate in the on-call coverage of the emergency and inpatient service at his/her preponderant CHRISTUS Health Shreveport-Bossier campus for patient contact and other coverage programs as required. All requests for change in preponderant campus or membership category, including those that will result in a change in call responsibility or location must be submitted in writing to the Medical Staff Office at least 90 days prior to the desired effective date, and must be supported by appropriate volume as demonstrated by the requesting physicians Professional Practice Profile data for the previous 12 month period. Changes in status or preponderant campus shall be reviewed and acted upon by the Credentials Committee, Medical Executive Committee and Board of Directors. Resultant changes to the call rotation will become effective upon publication of the next scheduled call rotation (i.e. monthly, quarterly). Emergency call responsibilities may be expressly waived for physicians with at least 25 years of service on the Medical Staff of a Joint Commission accredited, acute care facility. All requests for call waiver shall be considered on a case by case basis, subject to the approval of the Medical Executive Committee. Consideration will be given to the impact of each call waiver request on the Health Systems ability to continue providing adequate ER coverage for the specialty affected.

1.6 (d) Medical Staff members are expected to actively participate in recognized functions of staff appointment, including quality/performance improvement initiatives, risk management, and Ongoing and Focused Professional Practice monitoring activities, including monitoring of new appointees during the provisional period and in discharging other staff functions as may be required from time to time.

1.6(e) Medical Staff members are expected to promptly pay all Medical Staff assessments/fees as established by the Medical Executive Committee.

1.6 (f) Medical Staff members are expected to fulfill any meeting attendance requirements as established by the Medical Staff;

1.6 (g) Medical Staff members are expected to abide by the Medical Staff Bylaws, and the policies of the Health system that pertain to Medical Staff members to the extent such systems policies are not in conflict with, superseded by, or restrictive of rights conferred by these bylaws; and

1.6 (h) Medical Staff members are expected to abide by the terms of the CHRISTUS Code of Ethics and the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops with respect to their practice at the Health System. No activity prohibited by said Directives shall be engaged in by any Medical Staff appointee or other person exercising clinical privileges at the Health System.

1.6(i) The goal of CHRISTUS Health Shreveport-Bossier is to ensure optimum patient care by promoting a safe, cooperative, and professional environment, and to prevent or eliminate (to the extent possible) conduct that disrupts the operation of the Health System; affects the ability of others to do their jobs; creates a hostile work environment for associates, allied health professionals, medical staff or other licensed independent practitioners; interferes with an individual's ability to practice competently; adversely affect the community's confidence in the Health System's ability to provide quality patient care, or adversely affects a patient's confidence in the Health System and/or any of their care givers. All Medical Staff members are expected at all times to conduct themselves in a professional and cooperative manner in the Health System, treating all individuals within its facilities with courtesy, respect and dignity. The Medical Executive Committee will address matters of unacceptable behavior that undermines a culture of safety in accordance with the Medical Staff / Allied Health Professionals Staff Conduct Policy.

1.6 (j) In accordance with Medicare's Conditions of Participation 482.24 (c) (2) (i) and TJC Pc.01.02.03 a patient admitted for inpatient care or designated outpatient procedure which requires a H&P by current standards of practice has a medical history taken and an appropriate physical examination (H&P) by a practitioner that is qualified to perform H&P's.

- Admission H&P – The patient receives a medical history and physical exam no more than 30 days prior to or within 24 hours after inpatient admission. For a medical H&P exam that was completed within 30 days prior to inpatient admission an update documenting any changes in patient condition is complete within 24 hours after inpatient admission or prior to surgery, whichever comes first.

- Same Day Admission and Surgical Outpatient – The patient receives a medical history and physical exam no more than 30 days prior to admission. For a medical H&P exam that was completed within 30 days prior to admission, an update documenting any changes in patient condition is completed prior to surgery. That is, if the patient is going to surgery, an update must occur that day, before the surgery or procedure involving anesthesia.

Additionally, except in an emergency so certified in writing by the operating physician, surgery or any other potentially hazardous diagnostic or therapeutic procedure shall not be performed until the preoperative diagnosis, H&P, and the findings and conclusions from appropriate tests have been recorded in the medical record and confirmed or endorsed by a qualified member of the medical staff. Elective inpatient or outpatient surgery (to be performed under other than local anesthesia) will be canceled or delayed until an appropriate H&P examination is recorded in the medical record.

The update verifies a review of the previous H&P and reflects current status of vital signs and body systems. A valid H&P is one which meets the requirements for updates as appropriate, is signed, dated, timed, durable, legible, and contains those elements described in the required contents section.

An Allied Health Staff Professional, who has been granted such prerogatives, may perform an H&P. In such cases, the AHP must authenticate their dictation (i.e. sign date and time) and the supervising physician must countersign it within 24 hours.

Exceptions
An existing H&P on a patient who has been continuously hospitalized in an alternate care setting (i.e. Rehab, Dubuis, etc.), at any of the CHRISTUS Health Shreveport-Bossier campuses is also valid as defined above.

The Medical Staff has determined those outpatient invasive/non-invasive procedures for which a patient must have a medical history taken and appropriate physical examination performed by a qualified physician who has such privileges. Any procedure requiring informed consent and that a physician be present to perform the procedure requires an assessment prior to the procedure.

The only exceptions are patients undergoing recurring episodes of care as in a clinic setting. In this instance a new H&P is required at six month intervals with progress notes recorded at each visit.

1.7 MEDICAL STAFF MEMBERSHIP CATEGORIES

1.7 (a) THE ASSOCIATE CATEGORY

The associate staff shall consist of medical, podiatric, osteopathic, and oral surgery physicians and dentists who have met the qualification for membership as outlined in these bylaws, and are being considered for advancement to the active or courtesy staff. These members are eligible to serve in the associate category for a minimum period of one year, during which time their provisional privileges may be subject to review by the appointed subject matter expert(s) or service chief(s) consistent with Article III of these bylaws. They shall be appointed to a specific clinical service based on their specialty, and shall be eligible to exercise such clinical privileges as are granted by the Board of Directors upon recommendation of the Medical Executive Committee, serve on committees. They shall be encouraged to attend Medical Staff meetings and educational programs. They shall have all the responsibilities of the staff category for which they seek advancement. For reporting purposes, the associate staff shall be divided into active associate and courtesy associate members.

1.7 (b) THE ACTIVE CATEGORY

The active staff shall consist of medical, podiatric, osteopathic, and oral surgery physicians and dentists who have met the qualifications for membership as outlined in these bylaws, have satisfactorily served the required associate period, and are located closely enough to the hospital, or who can provide appropriate local backup to ensure continuous care to their patients, and who assume all the functions and responsibilities of the active Medical Staff. The active Medical Staff may include non-admitting physicians such as Pathology, Radiology and Emergency Medicine physicians. These members shall be appointed to a specific clinical service based on their specialty, and shall be eligible to exercise such clinical privileges as are granted by the Board of Directors upon recommendation of the Medical Executive Committee. They are expected to attend meetings of the Medical Staff for which they have been appointed, and are encouraged to attend any other Medical Staff meetings or Health System education programs. Members in this category may vote on all matters presented by or to the Medical Staff, and may hold office and sit on or be the chair of any committee or chief of any clinical service, unless otherwise specified in these bylaws.

1.7 (c) THE COURTESY CATEGORY

The courtesy staff shall consist of medical, podiatric, osteopathic, and oral surgery physicians and dentists who have met the qualifications for membership as outlined in these bylaws, have satisfactorily served the required associate period, who (1) only occasionally admit patients to the Health System or (2) who act only as consultants, or (3) who have limited privileges, such as telemedicine services. Courtesy staff, who by virtue of their location, cannot provide continuous care to inpatients must declare a consenting active staff member(s) as their back-up. These members shall be assigned to a specific clinical department based on their specialty, and shall be eligible to exercise such clinical privileges as are granted by the Board of Directors upon recommendation of the Medical Executive Committee. They are encouraged to attend meetings of the Medical Staff or Health System education programs. Members of this category are limited to twenty-four (24) patient encounters per year at CHRISTUS Health Shreveport-Bossier. This does not imply a limitation on admissions; rather, it means that greater than twenty-four (24) patient encounters within a year would result in automatic reassignment to the active Medical Staff, with its attendant prerogatives and responsibilities. Patient contact volume will be calculated, and reassignment in category if necessary will be accomplished in January each year.

1.7 (d) THE AFFILIATE CATEGORY

The Affiliate Category shall consist of Physicians, Dentists and Podiatrists who hold active state licenses and are associated with CHRISTUS Health Shreveport-Bossier, but who do not attend patients nor intend to establish a practice at the Hospital. The Affiliate Staff members will be permitted to use the Hospital services for their patients by ordering outpatient diagnostic tests, and making direct referral of patients to a member of the Medical Staff holding admitting privileges for admission, evaluation and/or care, treatment. The Affiliate Medical Staff member may visit their hospitalized patients, but must have approval from the attending physician prior to reviewing the patient's medical records. The Affiliate Staff member shall not be permitted to admit, attend, consult, write orders or progress notes, or hold clinical privileges. They shall not be eligible to vote, hold office or serve on any Hospital committee.

Changes of status from Affiliate Medical Staff to another staff category with clinical privileges will be considered each January, and will be based on applicant ability to demonstrate appropriate patient contact volume for purposes of meeting ongoing professional practice review. Changes of status to another category will also be subject to any other qualifications, standards and requirements for appointment and clinical privileges as set forth in these bylaws and Rules and Regulations.

1.7 (e) THE RESIDENT CATEGORY

The resident category shall consist of medical physicians in residency training (2nd year and above) who shall be limited to practice in the CHRISTUS Health Shreveport-Bossier First Care settings. Individuals in this category must meet qualifications outlined in Section 2.2 of these bylaws with the exception of 9 & 10, and may exercise clinical privileges supervision of a fully trained member of the medical staff. Appointees to this category may attend regularly scheduled General Staff meetings and continuing medical education activities, but may not hold office, vote on matters presented to the Medical Staff, or participate in the on-call coverage of the emergency and inpatient services. Appointees to this category must assist CHRISUTS Health Shreveport-Bossier in the fulfillment of its mission; actively participate in recognized functions of staff appointment, including quality/performance improvement, risk management, and monitoring activities; promptly pay all Medical Staff assessments/fees as established by Medical Executive Committee; abide by the Medical Staff Bylaws, and the policies of the Health System that pertain to Medical staff

members to the extent such systems policies are not in conflict with, superseded by, or restrictive of rights conferred by these bylaws.

1.7 (f) THE HONORARY CATEGORY

The honorary category is restricted to those individuals the Board of Directors and Medical Staff wish to honor. Such Medical Staff appointees are not eligible for clinical privileges, but may attend regularly scheduled General Staff meetings, and continuing medical education activities. Members of this category are excluded from all Medical Staff responsibilities and prerogatives other than those noted above.

1.8 WAIVER OF RESPONSIBILITIES

The Board of Directors, acting on a positive recommendation from the Medical Executive Committee, may waive any of the responsibilities of a practitioner appointed to any category.

1.9 FUNCTIONS OF THE MEDICAL STAFF

1.9(a) GENERAL

The required functions of the Medical Staff are as described below. The staff official(s) and/or organization component(s) responsible for each of the activities to be carried out in accomplishing a function are identified in parentheses following the description of the activity.

(1) Governance, Direction, Coordination and planning of Medical Staff affairs (see duties of the Medical Staff Officers, Medical Executive Committee, and the Medical Staff);
(2) Performance Improvement activities (See Quality Management Plan);
(3) Utilization Management (See Utilization Management Plan)
(4) Emergency Preparedness (See Rules & Regulations Section of these bylaws)
(5) Bylaws Review (See Medical Staff Bylaws)
(6) Credentials Review (See Credentials section of these bylaws)
(7) Patient Safety (See Patient Safety Plan)

1.9(b) PEER REVIEW FUNCTIONS

Scope of Review:
Clinical services, committees, boards, chairpersons, directors, study groups, hearing panels, and/or individual physicians whether authorized or established pursuant to these Medical Staff Bylaws shall be required from time to time to perform peer review duties and functions including, without limitation: (1) the review of an applicant's or member's credentials; (2) determination of whether a practitioner should have clinical privileges or be appointed to membership; (3) determination of the scope and conditions applicable to privileges or membership; (4) recommendations or actions on the modification, suspension, or termination of clinical privileges or membership; (5) the review and evaluation of the competence or professional conduct of a practitioner, including such things as clinical competence, character, mental or emotional stability, physical condition, and ethics that affect, or could adversely affect, the health or welfare of patients or that involve corrective actions, including summary suspension; (6) hearings and appellate reviews; (7) quality improvement/assessment, including medical care evaluation; (8) utilization review; (9) other Health System, division, departmental, service, or committee activities related to appropriate patient care and professional conduct; and (10) request for information from and reports to the National Practitioner Data Bank, the Louisiana State Board of Medical Examiners, and any other state or federal agency from which information may be sought or to which reports may be made as required by applicable laws, rules, regulations, or these bylaws.

When performing any of the above, or other designated peer review functions within the scope of their responsibilities, such persons and entities shall be deemed to be acting on behalf of the Health System and the board and shall be deemed to be a "professional review body" as that term is defined by the Health Care Quality Improvement Act of 1986.

Immunity:
Further, a professional review body, including but not limited to those entities described above, as well as any person who is a member, participant in, employee of, or who furnishes information, professional counsel, assistance or services to such professional review body including the Board of Directors, the Health System, its officers and

employees, shall be entitled to all of the rights, protections, and immunities to the fullest extent afforded by these bylaws and by applicable state and federal statutes and regulations, including, but not limited to provisions of the Health Care Quality Improvement Act of 1986.

Each Medical Staff member agrees to waive any claim against, to release from liability, and to hold harmless all participants in peer review activities and actions involving the member.

Indemnification:
Persons who perform peer review functions in good faith, within the scope of their responsibilities shall be held harmless, defended, and indemnified by CHRISTUS Health Shreveport-Bossier from and against any claims, lawsuits, costs, and damages arising out of or related to their performance of such peer review functions on behalf of the Medical Staff and Health System.

Confidentiality:
All minutes, reports, actions, recommendations, communications, and proceedings of any such entity shall be subject to all privileges, confidentiality, and reporting rights and requirements to the full extent of state and federal statutes and regulations applicable thereto. Specifically all such documents shall not become a public record and shall not be available for court subpoena as described in Louisiana Revised Statute 13.3715.3

1.9 (c) POLICES AND PROCEDURES

The Medical Executive Committee may adopt and promulgate policies and procedures pertaining to the safety and efficiency of Medical Staff administrative and clinical performance. All members of the Medical Staff shall have access to all such policies and procedures through the Medical Staff Office during normal business hours and through the Emergency Department after normal business hours, and via the CHRISTUS Health Shreveport-Bossier Intranet policies and procedures link.

1.10 REVIEW AND AMENDMENT OF BYLAWS

1.10(a) PERIODIC REVIEW

The Medical Executive Committee or such other committee as it may appoint, shall have the responsibility to review at least annually and recommend necessary and appropriate amendments to the Medical Staff Bylaws.

The Medical Executive Committee shall submit in writing recommendations to the, General Medical Staff and to the Board of Directors, regarding proposed amendments to these documents.

The Medical Staff Bylaws, Rules and Regulations, and Policies, the governing body bylaws and the Hospital Policies shall be compatible with each other and are compliant with law and regulation.

1.10 (b) AMENDMENT

Proposed Amendments:

Proposed amendments, additions, and deletions to these bylaws which include rules and regulations and relevant policies may be submitted by the Medical Executive Committee, by the CMO, the Medical Staff President, chief of staff, clinical service chiefs, members of the organized medical staff, or by an ad-hoc committee appointed by the Medical Executive Committee for that purpose.

The Medical Executive Committee shall ensure that voting members of the Medical Staff be provided with written notice (including all recommended additions and deletions) at least twenty-five (25) days prior to the projected date of approval. Any revisions to these bylaws shall be deemed approved by the Medical Staff upon the affirmative vote of 2/3 of the Medical Staff eligible to vote, and voting by ballot or at a General Medical Staff meeting. Any revisions approved by the Medical Staff shall be presented to the Board of Directors for consideration and approval.

If the Medical Executive Committee declines to consider a proposed amendment made to it by the organized Medical Staff then the organized medical staff may propose the amendment directly to the Local Governing Body as long as the medical staff first attempts to resolve its difference with the Medical Executive Committee through the Health System Conflict Resolution Policy.

In the event that a rule, regulation, or policy is felt to be inappropriate, and active Medical staff member may submit a petition signed by 10% of the members of the active organized medical staff. When such petition has been received by the Medical Executive Committee, it will either (1) provide the petitioners with information clarifying the intent of such rule, regulations, or policy and/or (2) schedule a meeting with the petitioners to discuss the issues.

Approval:

Amendments adopted by vote of the Medical Staff shall become effective upon approval by the Board of Directors, which shall not be unreasonably withheld.

Technical / Urgent Amendments:

The Medical Executive Committee may make such amendments to these bylaws as are, in the committee's judgment, technical modifications or are clarifications such as reorganization or renumbering of articles and sections or those needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments need not be adopted by the Medical Staff or approved by the Board of Directors but must be approved by the chief executive officer.

The Medical Executive Committee may provisionally adopt, prior to notification of the organized medical staff and upon provisional approval by the Local Governing Board, an "urgent amendment" to achieve compliance with a law or regulation. The Medical Staff shall be immediately notified of a provisional "Urgent Amendment" and provided with information of how to submit comments regarding the amendment to the Medical Executive Committee. The Medical Executive Committee will, within 60 days of notification by the Medical Staff, review and consider any received comments on an urgent amendment to determine if the provisional amendment will stand or be reversed.

Neither the Medical Executive Committee, the Medical Staff, nor the Board of Directors may unilaterally amend these bylaws.

1.10(c) INITIAL ADOPTION AND EFFECTIVE DATE

These bylaws adopted by the Medical Staff on January 19, 2011 shall replace any previous bylaws and related manuals, and shall become effective when approved by the Board of Directors.

ARTICLE II. MEDICAL STAFF CREDENTIALING

2.1 APPOINTMENT POLICY

2.1(a) At the time each division hospital was purchased and became a part of the CHRISTUS Schumpert Health System, presently CHRISTUS Health Shreveport-Bossier (Bossier Medical Center June 30, 1999, Highland Hospital October 1, 1999), all members in good standing of a division hospital not credentialed on the Schumpert Health System Medical Staff were granted temporary privileges in the category of membership corresponding to their voting status on the Medical Staff within their division hospital and with such clinical privileges as they then held within their respective hospitals. Each of these members was asked and encouraged to submit formal application for Medical Staff privileges on the CHRISTUS Schumpert Health System Medical Staff, which was acted on by the Board of Directors in accordance with these bylaws. These members were not required to serve the associate provisional period.

2.1(b) Thereafter, the Board of Directors shall act on initial appointments, reappointments, and clinical privileges in accordance with the Credentials section of these bylaws.

2.2 QUALIFICATIONS FOR MEMBERSHIP AND CLINICAL PRIVILEGES

2.2(a) CHRISTUS Health Shreveport-Bossier accepts applications for appointment to the Medical Staff from licensed physicians, dentists and podiatrists. Allied Health Professionals will be eligible to apply for Allied Health Professional Staff Membership and a specific scope of service as outlined in the Allied Health Professional Staff Policies and Procedures Manual. Exceptions to this policy may be made only by the Board of Directors.

2.2(b) It is the policy of CHRISTUS Health Shreveport-Bossier to grant membership and/or clinical privileges only to those physicians who meet the following criteria, designed to assure the Medical Staff and Local Governing Board that patients will receive quality care, treatment and services:

(1) current, valid, license to practice medicine or surgery in Louisiana, or another state if, exempted by their respective Louisiana licensing board(s);
(2) current, valid, Louisiana and Federal Drug Enforcement registrations(s) if applicable;
(3) sufficient experience, education, and training;
(4) appropriate clinical experience, performance and competence in the field which they intend to practice and for which they have requested privileges;
(5) adequate health status to safely exercise the privileges requested;
(6) adherence to professional ethics, including but not limited to the terms of the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops with respect to their practice at the hospital, and conduct in accordance with the mission at CHRISTUS Health Shreveport-Bossier;
(7) sufficient communication skills to exercise the requested clinical privileges;
(8) professional liability insurance, of a type and in an amount established by the governing body, to be maintained in force by each practitioner granted clinical privileges in the Health System;
(9) satisfactory and successful completion of an approved post graduate residency training program and/or fellowship recognized by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) in the specialty appropriate for the privileges being requested;
(10) be board certified or board admissible in the area of their training, in accordance with the time limits for certification, established by the applicable member boards as follows: American Board of Medical Specialties (ABMS), or American Osteopathic Association (AOA), or American Dental Association (ADA); dentists and oral surgeons must have graduated from an approved school of dentistry and satisfactorily completed an approved postgraduate training program (at least one year for dentistry) or oral surgery; a podiatric physician, DPM, must have successfully completed a two-year residency program in surgical, orthopedic, or podiatric medicine approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association (APMA), and be board certified or board admissible by the American Board of Podiatric Surgery;

Note: Physicians who have let their board certification lapse must provide documentation from the appropriate specialty board evidencing that they are enrolled in the applicable board's maintenance certification program, and have made application to re-certify.

(11) appropriate clinical practice commensurate with the privileges requested;
(12) a record that is free of a criminal or felony conviction, or occurrences that would raise questions of undesirable conduct.
(13) a record that is free of Medicare/Medicaid sanctions that have not been successfully resolved.
(14) A record that is free of denial, revocation, relinquishment or termination of appointment or clinical privileges at any hospital or educational facility for reasons related to professional competence or conduct.
(15) have appropriate personal qualifications to include a record of applicant's observance of ethical standards including, without limitation:

(a) Abstinence from any participation in fee splitting or other payment, receipt or remuneration with respect to referral or patient service opportunities;
(b) A record of professionally and harmoniously working with others within an institutional setting.

(16) demonstrate recent (within the last 2 years) clinical practice or evidence of involvement of residency or fellowship training within the last two years.

2.2(c) Exceptions:

(1) All current Medical Staff members who were current Medical Staff members as of April 1, 2000, and who met the qualifications for membership as of April 1, 2000, shall be exempt from #10 above.
(2) New graduates not yet eligible to apply for board certification shall be required to apply for certification in accordance with the established time frames for their specialty board, and within the time frame established by the CHRISTUS Health Shreveport-Bossier Medical Staff as outlined in 2.2(e) below.

(3) Special exceptions to any of the above may be waived only by the board after joint conference with the Medical Staff and sufficient explanation by applicant stating why a particular requirement should be waived.
(4) Physicians in residency training (2nd year & above) and limited to practice in the CHRISTUS Health Shreveport-Bossier First Care setting shall be exempt from #'s 9 & 10, and shall be limited to the exercise of privileges only while under the supervision of a fully trained member of the medical staff. After successful completion of residency training, continued Medical Staff membership and clinical privileges shall be contingent on physician meeting all qualification requirements stated in this document including #'s 9 & 10.

2.2(d) No practitioner shall be entitled to membership on the Medical Staff or to clinical privileges merely by virtue of licensure, membership in any professional organization, or privileges at any other healthcare organization.

2.2(e) Ongoing monitoring shall be conducted after the grant of membership and/or clinical privileges, and focused review may be initiated at any time when it is determined that circumstances warrant, to ensure appointees continue to meet the qualifications for Medical Staff membership and clinical privileges. Ongoing monitoring shall also include follow-up on any notification of a sanction, limitation or complaint involving an appointee. Monitoring shall also include review to ensure that medical staff members maintain and achieve board certification in accordance with the time limits of their member board. If practitioner was board admissible at time of appointment, board certification must be achieved within the time limits established by the practitioner's applicable board. Exceptions to board certification time frames for special circumstances as defined by the applicable member board will be considered by the Medical Executive Committee and are subject to approval by the CHRISTUS Health Shreveport-Bossier Board of Directors.

2.3 APPLICATION REQUEST PROCEDURE

All requests for application for appointment to the Medical Staff will be forwarded to Medical Staff Services. Upon receipt of a request for an application, Medical Staff Services will provide the potential applicant with an application packet which will include:

(1) Cover letter outlining minimum requirements for membership and the application process
(2) Application Form
(3) Privilege Request Form
(4) Medical Staff Bylaws
(5) Code of Ethics Information
(6) Immunization Questionnaire
(7) HIPAA Confidentiality Agreement
(8) Penalty Acknowledgement Statement
(9) Pharmacy Cards For Signature

2.4 INITIAL APPOINTMENT PROCEDURE

2.4(a) Upon receipt of an application packet Medical Staff Services will review the contents to ensure the applicant meets the minimum qualifications for membership as stated in Article 2, 2.2(b) of this document. If at time of application an applicant does not meet one or more of the outlined qualifications for membership and/or clinical privileges they will be afforded the opportunity to submit with their application, documentation indicating (1) why they do not currently meet a specific qualification, and/or (2) whether they have made appropriate application that will allow them to meet a specific criteria, and the anticipated date of approval of such application. The acceptance of an application with pending criteria compliance shall be at the discretion of the appropriate Clinical Service Chief, Medical Staff President or Chief Medical Officer, after reviewing the application and all supplemental documentation. If it is determined that the applicant should be able to meet the qualification for membership based on information provided in the application, the processing of the application will begin. If it is determined that the applicant does not meet the criteria for membership he/she will be notified that they are ineligible to apply to the Medical Staff. An application shall include names and addresses of three (3) professional references of the same professional discipline as the applicant who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and have personal knowledge of the applicant's ability to practice. Upon receipt of an acceptable application, Medical Staff Services will begin processing the application.

2.4(b) The applicant must sign the application and in so doing:

(1) Attests to the accuracy and completeness of all information on the application or accompanying documents and agrees that any inaccuracy, omission, or commission will be grounds for termination of the application process;
(2) signifies his/her willingness to appear for interviews in regard to his/her application;

(3) Authorizes CHRISTUS Health Shreveport-Bossier and Medical Staff representatives to consult with prior and current associates and others who may have information bearing on his/her professional competence, character, ability to perform the privileges requested, ethical qualifications, ability to work cooperatively with others, and other qualifications for membership and the clinical privileges requested;

(4) Consents to CHRISTUS Health Shreveport-Bossier and Medical Staff representatives' inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges requested, of his/her physical and mental health status, and of his/her professional and ethical qualifications;

(5) Releases from liability any and all CHRISTUS Health Shreveport-Bossier representatives for their acts performed and statements made in connection with evaluation of this application, his/her credentials and qualifications to the fullest extent permitted by law;

(6) Releases from liability all individuals and organizations who provide information to CHRISTUS Health Shreveport-Bossier or the Medical Staff, including otherwise privileged or confidential information to CHRISTUS Health Shreveport-Bossier representatives concerning his/her background, experience, competence, professional ethics, character, physical and mental health, emotional stability, utilization practice patterns, and other qualifications for staff appointment and clinical privileges;

(7) Authorizes and consents to CHRISTUS Health Shreveport-Bossier representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the CHRISTUS Health Shreveport-Bossier may have concerning him/her, and release CHRISTUS Health Shreveport-Bossier representatives from liability for so doing. For the purposes of this provision, the term "CHRISTUS Health Shreveport-Bossier representatives" includes the Board of Directors and committees, the system President/CEO or his/her designee, registered nurses and other employees of the CHRISTUS Health Shreveport-Bossier, the Medical Staff organization and all Medical Staff appointees, clinical units and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon his/her application, and any authorized representative of any of the foregoing;

(8) Signifies that he/she has read the current Medical Staff Bylaws and agrees to abide by their provisions in regard to his/her application for appointment to the Medical Staff;

(9) Agrees to provide to Medical Staff Services updated information requested on the original application and subsequent re-applications or privilege request forms specifically hospital appointments, voluntary or involuntary relinquishment or termination, limitation, reduction or loss of Medical Staff membership or clinical privileges or licensure status, voluntary or involuntary limitation, reduction, suspension or loss of clinical privileges at another hospital, involvement in liability claims past, present and pending including final judgments or settlements, voluntary or involuntary cancellation of professional liability insurance, or license/DEA/Medicare/Medicaid sanctions including both current and pending investigations and challenges, removal from a managed care organization's panel for quality of care reasons or unprofessional conduct, and exclusion as a provider with Medicare/Medicaid;

(10) Agrees to disclose any current criminal charges pending and any past charges and any convictions of misdemeanors or felonies.

2.4(c) An acceptable application includes, at a minimum, a signed, dated application form and recent photo, request for privileges, copies of all documents and all information necessary to confirm applicant meets criteria for membership and privileges, and references. Applicants seeking appointment or reappointment shall have the burden of producing information deemed adequate by the Health system for a proper evaluation of current competence, character, ethics, and other qualifications, and for resolving any doubts about an individual's qualifications. In addition, they shall have the burden of providing evidence that all statements made and information given on an application are accurate and complete.

2.4(d) If all information required is not submitted within ninety (90) days of receipt of the application by the Medical Staff Office, the application will be considered incomplete and interpreted as a voluntary withdrawal of the application.

2.4(e) Upon receipt of an acceptable application as defined above, the applicant will be sent a letter of acknowledgment by Medical Staff Services.

2.4(f) Upon receipt of an acceptable application, Medical Staff Services will verify with primary sources and evaluate its contents and collect additional information as follows:

(1) Information from prior and current liability insurance carriers concerning claims, suits, and final judgments or settlements (if any) for the past five (5) years; Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant.

(2) Administrative and clinical reference questionnaires from all significant past practice settings for the previous ten (10) years;

(3) Documentation of the applicant's past clinical work experience for the past (5) years to include information regarding any voluntary/involuntary termination of medical staff membership, or voluntary/ involuntary limitation, reduction, or loss of clinical privileges.;

(4) Medical Licensure status in all current or past states of licensure to include previous, current or pending challenges, or voluntary/involuntary relinquishment;

(5) DEA and Louisiana Controlled Dangerous Substance Licensure to include previous or pending challenges, or voluntary relinquishment (copy of licensure in file sufficient as primary source for DEA);

(6) When appropriate or necessary query other data banks;

(7) Board Certification status;

(8) Completion of medical, osteopathic, dental, podiatric school and residency/fellowship programs;

(9) Information from the National Practitioner Data Bank;

(10) Information regarding Medicare/Medicaid Sanctions;

(11) The system will directly contact the peer references in the same professional discipline as applicant, and request information regarding current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, professionalism and physical ability to perform requested privileges.

(12) Relevant practitioners-specific data as compared to aggregate data and morbidity and mortality data when available from previous practice sites.

(13) Additional information as may be requested to ensure the applicant meets the criteria for Medical Staff membership (example: post tests created to assess applicants understanding of expectations related to significant hospital policies).

NOTE: In the event there is undue delay in obtaining required information, Medical Staff Services will request assistance from the applicant. During this time period, the "time period for processing" the application will be appropriately modified. Failure of an applicant to adequately respond to a request for assistance after thirty (30) days will be deemed a withdrawal of the application.

Applicants shall have the right to review information submitted in support of their credentials application from outside sources with the exception of information that is peer review protected. Applicants shall have the right to be informed of the status of their application upon request. In addition, applicants shall be notified by the Medical Staff Office via letter, prior to review by the Clinical Service Chief(s), of any information obtained during the credentialing process that varies substantially from the information provided by applicant on or with application. Applicant shall have 30 days after notification to correct, in writing to the Medical Staff Office, erroneous, incorrect or differing information submitted by another source. Receipt of corrected information shall be signified by date stamp.

2.4(g) An application shall be deemed complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified with the appropriate primary or secondary sources. An application shall become incomplete if the Clinical Service Chair, Credentials Committee, MEC, and/or Board request's any new, additional, or clarifying information at any time during the credentialing process. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn. An application that is seem3ed withdrawn due to incomplete information does not entitle the applicant to a Fair Hearing nor is such an action a reportable event to the National Practitioner Data Bank. When a file has been deemed complete, the file will then be presented for review by the

appropriate Clinical Service Chief(s), or his/her designee. The Clinical Service Chief, upon review, will categorize the application as follows:

(1) Category 1: A completed new application which does not raise concerns as identified in the criteria for Category 2. Applicants in Category 1 will be granted Medical Staff membership and privileges following approval by the following individuals: appropriate primary hospital's Clinical Service Chief(s), Credentials Committee Chairman action on behalf of the Credentials Committee, president of the Medical Staff acting on behalf of the Medical Executive Committee and the system president/CEO and two other voting members of the Board of Directors acting on behalf of the Board of Directors.

(2) Category 2: An applicant is ineligible for expedited approval if one or more of the following criteria are identified in the course of review of a completed application, or if the applicant submits an incomplete application, or the Medical Executive Committee makes a final recommendation that is adverse or has limitation, the application will be treated as a Category 2. Applications in Category 2 are reviewed by the primary hospital Clinical Service Chief(s), the Credentials Committee, Medical Executive Committee and the Board of Directors. The Credentials Committee may request that an appropriate subject matter expert assess selected applications. At all stages in this review process, the burden is upon the applicant to provide evidence that he/she meets the criteria for membership on the Medical Staff and for the granting of requested privileges. Criteria for Category 2 applications include, but are not necessarily limited to, the following:

(a) Applicant changed medical schools or residency programs or has gaps in training or practice;
(b) Applicant has an adverse Data Bank report;
(c) Applicant is, or has been, under investigation by a state medical board or has had prior disciplinary actions, legal sanctions;
(d) Applicant has practiced or been licensed in three or more states;
(e) Applicant does not have the required peer references from three practitioners who have recently worked with and directly observed his/her professional performance;
(f) Applicant has one or more reference responses, which raise concerns or questions;
(g) Applicant has had one or more malpractice cases within the past five (5) years that resulted in final judgment against the applicant;
(h) The request for clinical privileges is not reasonable based upon applicant's experience, training and competence and/or is not in compliance with applicable criteria;
(i) Discrepancy found between information received from the applicant and references or verified information;
(j) Removal from managed care panel for reasons of professional conduct or quality;
(k) Potentially relevant physical or mental health problems.
(l) Applicant has received an involuntary termination of medical staff membership at another organization;
(m) Applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges.
(n) Any documentation received that raises concern about the applicant.

2.5 CLINICAL SERVICE CHIEFS REVIEW AND ACTION

All applications are presented to the Clinical Service Chief(s) for review and recommendation. The Clinical Service Chief(s) review(s) the application to ensure that it fulfills the established standards for membership and clinical privileges. The Clinical Service Chief(s), in consultation with Medical Staff Services, defines application as a Category 1 or Category 2 as defined in 2.4 (g) above. At any point in the application process, a Category 1 or Category 2 may be reclassified based on recent review and verification of additional information. Category 1 applications shall be reviewed and Medical Staff membership and privileges granted in the manner defined in 2.4(g). The Clinical Service Chief takes action as noted below.

(a) Deferral: Primary hospital's Clinical Service Chief(s) may not defer consideration of an application. A report must be forwarded to the Credentials Committee for consideration at the next meeting. In the event a Chief is unable to formulate a report for any reason, the chief must so inform the Credentials Committee and the applicant.

(b) Favorable Recommendation: must document his/her findings pertaining to adequacy of education, training and experience for all privileges requested. Reference to any criteria for privilege review must be documented and included in the credentials file. When the Clinical Service Chief(s)' recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the Credentials Committee.

(c) Adverse Recommendation: The Clinical Service Chief will document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges not met will be documented and included in the credentials file. The application, along with the primary hospital clinical service chief(s)' adverse recommendation and supporting documentation, will be forwarded to the Credentials Committee.

2.6 CREDENTIALS COMMITTEE REVIEW AND ACTION

If the application is designated Category 1, it is presented to Credentials Committee Chairman who reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The Credentials Committee Chairman has the opportunity to determine whether the application is forwarded as a Category 1 or may change the designation to a Category 2. If forwarded as a Category 1, the Credentials Committee Chairman acts on behalf of the Credentials Committee and the application is presented to the Medical Staff President. If designated a Category 2, the Credentials Committee reviews the application and recommends one of the following actions.

(a) Deferral: Action by the Credentials Committee to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, clinical services affiliations, and clinical privileges.

(b) Favorable Recommendation: Action favorable to the applicant in all respects, the application shall be forwarded, together with all supporting documentation, to the Medical Executive Committee.

(c) Adverse Recommendation: When the Credentials Committee recommendation is adverse to the applicant, the application, with its supporting documentation, and all dissenting views, shall be forwarded to the Medical Executive Committee.

2.7 MEDICAL EXECUTIVE COMMITTEE REVIEW AND ACTION

If the application is designated Category 1, it is presented to the President of the Medical Staff who reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The President of the Medical Staff has the opportunity to determine whether the application is forwarded as a Category 1 or may change the designation to a Category 2. If forwarded as a Category 1, the President of the Medical Staff acts on behalf of the Medical Executive Committee and the application is presented to the System President/CEO and two additional voting members of the Board of Directors. If designated a Category 2, the Medical Executive Committee reviews the application and recommends one of the following actions:

(a) Deferral: Action by the Medical Executive Committee to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, clinical services affiliations, and clinical privileges. The President of the Medical Staff shall promptly notify the applicant by special, written notice of the action to defer.

(b) Favorable Recommendation: Action favorable to the applicant in all respects, the application shall be forwarded, together with all supporting documentation, to the Board of Directors. A favorable Category 1 recommendation goes to the President/ CEO and two additional voting members of the Board of Directors. A favorable Category 2 recommendation goes to the Board of Directors.

(c) Adverse recommendation: When the Medical Executive Committee recommendation is adverse to the applicant, a special notice shall be sent to the applicant. No such adverse recommendation will be forwarded to the Board of Directors until after the practitioner has exercised or has waived his/her right to a hearing as provided in the Fair Hearing and Appeals procedure.

2.8 BOARD OF DIRECTORS REVIEW AND ACTION

2.8(a) If the application is designated Category 1, it is presented to the System President/CEO and two additional voting members of the Board of Directors for review of the application to ensure that it fulfills the established standards for membership and clinical privileges. The System President/CEO and two additional voting members of the Board of Directors have the opportunity to determine if the application is to be forwarded as a Category 1 or change the

designation to a Category 2. If forwarded as a Category 1, the System President/CEO and two additional voting members of the Board of Directors acts on behalf of the Board of Directors in approving membership and privileges. An informational report from the System President/CEO is prepared for the Board of Directors, identifying those practitioners who were appointed and granted clinical privileges as Category 1 applicants. If the Medical Executive Committee makes an adverse recommendation, or recommendation with limitations the application is designated a Category 2, and the Board of Directors reviews the application and votes for one of the following actions.

(1) Favorable Recommendation: The Board of Directors may adopt or reject in whole or in part a favorable recommendation by the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. Favorable action by the Board of Directors is effective as its final decision.

(2) Adverse Recommendation: If the Board of Directors' action is adverse to the applicant, the system President/CEO shall provide a special notice to him/her and he/she shall then be entitled to the procedural rights provided in the Investigation, Hearing and Appeal section of these bylaws.

(3) After Procedural Rights: In the case of an adverse Medical Executive Committee recommendation, the Board of Directors shall take final action in the matter as provided in the Investigation, Hearing and Appeal Procedure section of these bylaws.

2.8(b) All appointments to Medical Staff membership and the granting of privileges are for a two year period, except as described below concerning Associate provisional status. The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.

2.9 **BASIS FOR RECOMMENDATION AND ACTION:** The report of each individual or group, including the Board of Directors, must state the reasons for each recommendation or action taken, with specific reference to the completed application and all other documentation considered. Any dissenting views at any point in the process must also be documented, supported by reasons and references, and transmitted with the majority report.

2.10 **CONFLICT RESOLUTION:**
Whenever the Board of Directors determines that it will decide a matter contrary to the Medical Executive Committee recommendations, the matter will be submitted to a special Joint Conference Committee as outlined in these bylaws.

2.11 **NOTICE OF FINAL DECISION:**

Notice of the Board of Directors' final decision shall be given through the system President/CEO to the Medical Executive Committee. The applicant shall receive written notice of appointment and special notice to include reasons for any adverse final decisions and any entitlement to any procedural rights provided in the medical staff bylaws within 60 days of Board of Directors action. A decision and notice of appointment includes the staff category to which the applicant is appointed, the primary hospital to which he/she is assigned, the clinical privileges he/she may exercise, and any special conditions attached to the appointment.

2.12 **TIME PERIODS FOR PROCESSING:**

All individuals and groups required to act on an application for staff appointment must do so in a timely and good faith manner, and, except for good cause, each completed application will be processed within the following time periods after receiving information for action:

Individual/Group	Time Period
Medical Staff Services (to collect, verify, and summarize)	90 days
Clinical services chief (to review and recommend)	30 days
Credentials Committee (to review and recommend)	30 days
Medical Executive Committee (to review and recommend)	30 days
Board of Directors (render final decision)	30 days

These time periods are deemed guidelines and do not create any right to have an application processed within these precise periods. If the provisions of the fair hearing plan are activated, the time requirements provided therein govern the continued processing of an application.

Primary source verifications will not exceed 180 days. Any verifications older than 180 days will be re verified with the primary source, prior to review by the above noted individuals and groups required to act on an application.

ARTICLE III. ASSOCIATE "PROVISIONAL" PERIOD

3.1 ASSOCIATE STATUS:

All initial appointments and clinical privileges are provisional for a minimum period of one (1) year during which time the Medical Staff status will be in the Associate category. All individuals with provisional privileges may be subject to focused review of their clinical performance by the appointed subject matter expert(s) or Clinical Service Chief(s) or Clinical Service Representative(s). Monitoring of any newly established privilege shall be subject to criteria as defined by appropriate body(s). The appointed subject matter expert(s) or the primary hospital Clinical Service Chief(s) will conduct their reviews in accordance with the proctoring and provisional procedures adopted by the primary hospital clinical service, Credentials Committee or Medical Executive Committee.

3.2 PROVISIONAL REAPPOINTMENT:

Sixty (60) days prior to the end of a provisional period, the Medical Staff President or designee will notify the practitioner by written notice of the date his/her provisional period may end. This notice will state that to document the successful conclusion of the provisional period, the practitioner must submit to Medical Staff Services thirty (30) days prior to the end of his/her provisional period a completed Medical Staff reappointment packet that includes the names and addresses of two peer references and a list of all hospital affiliations. Queries will be sent to references and affiliations requesting information regarding competence. Additionally, the statement(s) should identify the practitioner's adherence to Medical Staff prerogatives and appropriate discharge of Medical Staff appointment obligations.

3.3 ACTION REQUIRED:

Based upon the information received from external sources, internal sources including OPPE and FPPE data, and any other available data, the primary hospitals Clinical Service Chief(s) makes a recommendation for advancement to Active or Courtesy status. If the practitioner has had no patient activity since appointment he/she will be automatically reassigned to the Affiliate status category per these bylaws. Final processing follows the procedures set forth in section 2 of these bylaws.

3.4 MEMBERSHIP TERMINATION OF, OR BY PRACTITIONER:

Failure without good cause, to respond to request for advancement shall be deemed a voluntary resignation from the staff and automatically results in expiration of appointment without creating an adverse action triggering the fair hearing process. Appointment and privileges may be extended for not more than two thirty day periods by action of the Medical Executive Committee for extenuating circumstances.

If the practitioner no longer wishes the privilege or privileges at issue, then his/her request for their removal or his/her lack of timely response to the letter of notification will initiate the removal of these privileges without creating an adverse action triggering the fair hearing procedures.

3.5 ADVERSE CONCLUSIONS:

Whenever a provisional period (including any period of extension) expires with an adverse recommendation for the practitioner based on reasons of professional conduct or quality of care issues, or whenever extension is denied, the system President/CEO will provide him/her with special notice of the adverse result and of his/her entitlement to procedural rights provided in the Medical Staff Bylaws.

Bossier raises possible concerns with the applicant's quality of care or capacity to fulfill the responsibilities of Medical Staff membership and the requested privileges.

4.4(b) All applications for reappointment will be processed through the same procedure described in section 3 for initial appointment. In addition, as part of the assessment of the appointee's performance, the primary hospital Clinical Service Chief will be asked to provide relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges and to evaluate the credentials application. Such evaluation will include providing information as to whether or not he/she knows of, or has observed or been informed of any conduct which indicates significant present or potential physical or behavioral problems affecting the practitioner's ability to perform professional and Medical Staff duties appropriately as well as relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges.

4.4(c) For the purpose of reappointment an "adverse recommendation" to or action by the Board of Directors as used in section 3 means a recommendation or action to deny reappointment, to deny a requested change in, or to change without the staff appointee's consent, his/her staff category or primary hospital/clinical services assignment; or to deny or restrict requested clinical privileges.

4.4(d) Criteria for reappointment: It is the policy of CHRISTUS Health Shreveport-Bossier to approve for reappointment only those individuals who meet the criteria for initial appointment as identified in section 2 plus the following additional criteria:

(1) Have an acceptable record of providing quality and resource effective care, which is consistent with CHRISTUS Health Shreveport-Bossier standards of ongoing quality, as determined by the Quality Improvement Program.

(2) Have achieved board certification in the specialty for which he/she has been granted clinical privileges within six (6) years of the initial appointment to the CHRISTUS Health Shreveport-Bossier Medical Staff. Any member who does not achieve board certification within this time will no longer be eligible for Medical Staff membership. Once board certification has been achieved, applicant must maintain certification as per the member's specialty board. Those physicians with membership on the Medical Staff prior to April 1, 2000, are exempt from this requirement to achieve new board certification, but, if already board certified, are required to maintain board certification as per the member's specialty board. Any other exceptions to this requirement for board certification may only be granted at the sole discretion of the Board of Directors upon recommendation of the Credentials Committee and Medical Executive Committee. Criteria for granting such an exception will include, but not necessarily be limited to, evidence provided by the physician that he/she has sufficient training, documented experience, knowledge, and skill to enable him/her to provide patient care at a level at least equivalent to that provided by a board certified physician in all areas for which he/she is seeking privileges.

ARTICLE V. CLINICAL PRIVILEGES

5.1 CLINICAL PRIVILEGE REQUEST PROCEDURE

5.1(a) A practitioner providing clinical services at CHRISTUS Health Shreveport-Bossier may exercise only those privileges granted to him/her by the Board of Directors or Case Specific privileges as described herein. The exercise of clinical privileges within any department is subject to the policies and procedures of that department and to the authority of the department's director.

5.1(b) Each application for appointment or reappointment to the Medical Staff must contain a request for specific clinical privileges desired by the applicant. Specific requests must also be submitted for temporary privileges and for modification of privileges in the interim between reappraisals. Temporary privileges are considered at the discretion of the Clinical Chief of Service of the primary hospital.

5.1(c) Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience, and demonstrated current competence as specified by the Medical Staff. In the event a request for privileges is submitted for a procedure for which no criteria have been created, the request will be tabled for a reasonable period of time during which the appropriate clinical service(s), Credentials Committee, Medical Executive committee consider the procedure in accordance with the Medical Staff "New Procedure Request" Policy. The addition of a new procedure to the scope of service of any clinical specialty/sub-specialty and specific criteria for requesting

such procedure shall be subject to approval by the Board of Directors. Once objective criteria have been established and approved, the original request will be processed in the same manner as initial requests for privileges as outlined in 2.4 of this document. Newly approved procedures will be subject to Focused Professional Practice review.

5.1(d) Valid requests for clinical privileges will be evaluated on the basis of prior and continuing education, training, experience, judgment, utilization practice patterns, current clinical competence and ability to perform the privileges requested. Additional factors that may be used in determining privileges are patient care needs for and the hospital's capability to support the type of privileges being requested and the availability of qualified coverage in the applicant's absence. The basis for privileges determination to be made in connection with periodic reappointment or a requested change in privileges must include observed clinical performance and documented results of the staff's quality improvement program activities and/or data from professional practice review by an organization(s) that currently privileges applicant (if available). Privilege determinations will also be based on pertinent information from other sources, especially other institutions and health care settings where a professional exercises clinical privileges. Denials of requested privileges due to the physician's failure to meet the institution's threshold criteria, including inadequate training, education, or experience, are not reportable to the National Practitioners Data Bank. In addition, current licensure will be verified with the primary source, and National Practitioner Data Bank will be queried at time of initial granting, renewal, and revision of privileges.

5.1(e) Communication of Privileges: The decision to grant, deny, revise, or revoke privileges is disseminated and made available to all appropriate internal and/or external persons or entities, in accordance with the National Practitioner Data Bank Guidelines, the Medical Staff/Allied Health Staff Privilege Communication Policy, and with applicable law.

5.2 **SPECIAL CONDITIONS**

5.2(a) **Special conditions for dental privileges:** Requests for clinical privileges for dentists are processed in the same manner as all other privilege requests. A dentist may not be the primary admitting physician; however, a dentist with privileges may co-admit a patient to the hospital provided that the patient is co-admitted by the primary medical physician, with appropriate clinical privileges who is an appointee to the Medical Staff. The medical physician is responsible for the medical history and physical before dental surgery shall be performed, and said co-admitting medical physician shall be responsible for the medical care of the patient throughout the period of hospitalization.

The dentist shall take into account the recommendations of the co-admitting medical physician and be responsible for that portion of the patient's history and physical findings that pertain to the patient's dental illness as well as all appropriate elements of the patient's record. The appointee dentist shall likewise write orders and prescribe medications within the limits of his licensure and of these bylaws and be responsible for treating the complications that arise from the dental surgery or dental treatment and to alert the co-admitting medical physician to complications that are beyond the scope and extent of his training and licensure.

5.2(b) **Special conditions for podiatric privileges:** Requests for clinical privileges for podiatrists are processed in the same manner as all other privilege requests. A podiatrist may not be the primary admitting physician; however, a podiatrist with privileges may co-admit a patient to the hospital provided that the patient is co-admitted by a medical physician, with appropriate clinical privileges who is an appointee of the Medical Staff. The medical physician is responsible for the medical history and physical before podiatric surgery shall be performed, and said co-admitting medical physician shall be responsible for the medical care of the patient throughout the period of hospitalization. The performance of an admission history and physical examination and the recording of findings in the medical record, the follow-up of the patient during his inpatient hospitalization, and the writing of timely progress notes is required by the co-admitting medical physician. The co-admitting medical physician appointee shall be responsible for the care of any medical problems that may be present on admission and that may arise during hospitalization of the podiatric patient and shall determine, with consultation if necessary, the overall risk assessment and effect of the operation or treatment on the patient's health, and is responsible for determining if a consultation is necessary.

A podiatrist may write orders which prescribe medications within the limits of his licensure and only medications for the treatment of podiatric situations, that is, those disorders or illnesses located below the ankle, but not including the ankle or any systemic metabolic disease which is manifested in the foot. The podiatrist may only write orders for lab work and x-rays that are specific to the podiatric patient. The podiatrist is responsible for that part of the history and physical examination that is related to podiatry. Podiatrists may not administer general or spinal anesthetic; the anesthetic shall be administered by a Medical Staff appointee having privileges in anesthesiology.

5.2(c) Allied Health Professionals: Requests for privileges from Allied Health Professionals are processed in accordance with the procedures outlined in the Allied Health Professionals Policy and Procedure Manual.

5.3 **APPEAL PROCESS FOR ADVERSE ACTIONS**

5.3(a) Practitioners who have experienced an adverse action, by action of the Board, are eligible to request an appeal of that adverse action in accordance with the appeals process outlined in these bylaws.

Adverse actions are defined as:
(1) Suspension or limitation of admitting privileges;
(2) Denial or restriction of requested clinical privileges;
(3) Reduction in clinical privileges;
(4) Suspension of clinical privileges;
(5) Revocation of clinical privileges.

5.3(b) A recommendation or action is adverse only when it has been:

(1) Recommended by the Medical Executive Committee to the Board of Directors; or
(2) Action taken by the Board of Directors under circumstances in which no prior rights to request an appeal have been made.

5.3(c) The System President/CEO shall promptly give the practitioner special notice of an adverse recommendation or action. The notice shall:

(1) Advise the practitioner of the recommendation or action and of his or her right to request an appeal pursuant to the provisions of this appeal process;
(2) Specify that the practitioner has thirty (30) days after receiving the notice within which to submit a request for an appeal;
(3) Indicate that the right to the appeal may be forfeited if the practitioner fails, without good cause, to appear at the scheduled appeal;
(4) State that as part of the appeal the practitioner involved has the right to receive an explanation of the decision made and to submit any additional information the practitioner deems relevant to the review and appeal of this decision;
(5) State that upon completion of the appeal, the practitioner involved has the right to receive a written decision of the hospital, including a statement of the basis of the decision.

5.3(d) The practitioner has thirty (30) days after receiving notice to file a written request for an appeal. The request must be delivered to the system President/CEO either in person or by certified or registered mail.

5.3(e) A practitioner who fails to request an appeal within the time and in the manner specified waives his or her right to any appeal to which he or she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the notice.

5.3(f) When a practitioner requests an appeal, the appeal shall consist of a single meeting attended by the practitioner, the system President/CEO, and the primary hospital Chief of Staff. During this meeting, the basis of the decision adverse to the practitioner which gave rise to the appeal will be reviewed with the practitioner, and the practitioner will have the opportunity to present any additional information the practitioner deems relevant to the review and appeal of the decision. Following this meeting, the system President/CEO and primary hospital Chief of Staff will make a recommendation to the Board of Directors which will then determine if the adverse decision will stand, be modified, or be reversed. The practitioner will receive the CHRISTUS Health Shreveport-Bossier decision in writing, stating the result of the appeal and the basis of the decision.

5.3(g) This appeal process will be the sole remedy available to a practitioner who qualifies for this appeal who experiences an adverse decision.

5.3(h) Practitioners granted privileges without Medical Staff Membership by action of the Board, or who are eligible to apply for privileges without Medical Staff membership, who have experienced an adverse action are not eligible to request an appeal of that adverse action.

situation requires [ICU patients must be seen within twelve (12) hours of admission]. Preceptors must also make daily rounds, as well as share in any clinical management decisions.

(2) Practitioner applicant must maintain a log of all patients attended, which will include: patient name, date of admission, unit assignment, and diagnosis.

(3) Prior to the termination of the preceptorship, the preceptor must submit a written evaluation of the applicant addressing the applicant's clinical competence, ability to get along with others, the quality and timeliness of medical records documentation, ability to perform the privileges requested, and professional ethics and conduct. This evaluation will be forwarded to the credentials committee to be processed according to the procedures in section 2 of these bylaws.

5.8 REAPPLICATION AND MODIFICATIONS OF MEMBERSHIP STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES

5.8(a) Except as otherwise determined by the Medical Executive Committee or Board of Directors in light of exceptional circumstances, a practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment or clinical privileges is not eligible to reapply to the Medical Staff for a period of one (1) year from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such application is processed in accordance with the procedures set forth in section 2 of these bylaws. As part of the reapplication, the practitioner must submit such additional information as the Medical Staff and/or Board of Directors requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided within 90 days of request, the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.

5.8(b) A practitioner who has had his/her appointment or clinical privileges administratively revoked for failure to maintain current valid professional liability insurance, current/valid medical licensure, Louisiana Controlled Dangerous Substance license, DEA or failure to maintain and complete medical records, may be reinstated for appointment and appropriate privileges upon submission of documentation that he/she has resolved the reason for the revocation. Reinstatement of a practitioner who has been determined to have a chemical or mental impairment shall be subject to the processes and terms outlined in Article 5 of these bylaws and the Medical Staff Impaired Physician Policy and Procedure.

5.8(c) A staff appointee, either in connection with reappointment or at any other time, may request modification of staff category, clinical services assignment, or clinical privileges by submitting a written request to Medical Staff Services. A modification request must be on the prescribed form and must contain all pertinent information outlined in the New Procedure Request Policy, supportive of the request. All requests for additional clinical privileges must be accompanied by information demonstrating additional education, training experience, ability, judgment, current clinical competence and ability to perform the specific privilege(s) requested. Additional factors that may be used in determining privileges are patient care needs for and the hospital's capability to support the type of privileges being requested and the availability of qualified coverage in the applicant's absence. A practitioner who determines that he/she no longer exercises or wishes to restrict or limit the exercise of, particular privileges which he/she has been granted shall send written notice, through Medical Staff Services, to the appropriate clinical Service Chief and Medical Executive Committee. A copy of this notice shall be included in the practitioner's credentials file.

5.8(d) A practitioner may resign his/her staff appointment and/or clinical privileges by providing written notice to the appropriate Clinical Services Chief or President of the Medical Staff. The resignation shall specify the reason for the resignation and the effective date. A practitioner who resigns his/her staff appointment and/or clinical privileges is obligated to fully and accurately complete all portions of all medical records for which he/she is responsible prior to the effective date of resignation. Failure to do so shall result in an entry in the practitioner's credentials file acknowledging the resignation and indicating that it became effective under unfavorable circumstances and shall be considered a matter of professional conduct that could adversely affect the health or welfare of a patient and so is reportable to the National Practitioner Data Bank pursuant to the Health Care Quality Improvement Act of 1986.

5.8(e) Every practitioner agrees that when corrective action is initiated or taken, or when an adverse action or recommended action as defined in the Investigation, Hearing and Appeals process is proposed or made, he/she will exhaust all of the administrative remedies afforded in the various sections of these bylaws.

8.5(d) Any member of the Medical Staff who presents a program at a System committee meeting other than the ones to which he/she is assigned will be given full credit for attendance at such meeting. Additionally, appointees who attend clinical conferences, and have signed the proper attendance roster will be given full credit for attendance.

8.6 QUORUM

Unless otherwise specified in these bylaws, those present, but not less than two, at any regular or special Committee or general medical staff assembly that are eligible to vote, shall constitute a quorum for conducting business.

8.7 MANNER OF ACTION

8.7(a) Except as otherwise specified, the action of a majority (greater than 50%) of the members eligible to vote, present and voting at a meeting of the Medical Staff at which a quorum is present shall be the action of the staff.

8.7(b) Action may be taken without a meeting by presenting in person or by mail or fax a ballot with the questions in writing to each member eligible to vote. The action of a majority (greater than 50%) eligible to vote and voting in such a manner shall be the action of the staff. Ballots not returned by the specified deadline date will be considered an affirmative vote.

8.8 RIGHTS OF EX-OFFICIO MEMBERS

Persons serving under these bylaws as ex officio members of a committee shall have all rights and privileges of regular members except they shall not vote or be counted in a quorum.

8.9 MINUTES (System Committee and Medical Staff Meetings)

Minutes of each Committee and Medical Staff meetings shall be prepared and shall include a record of the attendance of members, and the vote taken on each matter. A permanent file which shall include copies of minutes and related reports, records and evaluations presented at a meeting shall be maintained by the Medical Staff Office. Minutes shall be available for inspection by staff members for any proper purpose, subject to any policies concerning confidentiality of records and information.

8.10 DELEGATION BY ADMINISTRATOR OR PRESIDENT/CEO

The Administrator or System President/CEO may designate another member of administration to attend any committee meeting in his/her place, except when the chairman calls an Executive Session to include only those persons desired by the committee.

8.11 ROBERT'S RULES OF ORDER

When needed, the current edition of ***Robert's Rules of Order*** shall prevail at all meetings of the Medical Staff except that the chairperson of any meeting may vote.

ARTICLE IX. HEARING AND APPEAL PROCEDURES

9.1 SUMMARY SUSPENSION

9.1 (a) Summary suspension shall be initiated whenever a practitioner's conduct requires that immediate action be taken to prevent danger to life or substantial likelihood of injury to patients, employees or other persons present in the CHRISTUS Health Shreveport-Bossier.

9.1(b) Summary suspension may be initiated by any of the following:

(1) Any member of the MEC
(2) System President/CEO, or Campus Administrator;
(3) Chief Medical Officer, or
(4) Board of Directors.

These individuals have the authority to summarily suspend the Medical Staff status, or any portion of the clinical privileges, of such practitioner. A summary suspension is effective immediately, and the Division Chief of Staff of the practitioner's primary campus is to give prompt notice of the suspension to the practitioner. A suspended practitioner's patients then in the CHRISTUS Health Shreveport-Bossier must be assigned to another practitioner by the appropriate Clinical Service Chief or Clinical Service Representative or his/her designee. This assignment should consider the wishes of the patient in choosing a substitute practitioner when feasible.

9.1 (c) **Medical Executive Committee Action:** As soon as convenient and generally within seventy-two (72) hours after the summary suspension has been imposed, the appropriate Medical Executive Committee convenes to review and consider the action taken. The Medical Executive Committee may recommend modifications to summary suspension, continuation of summary suspension, termination of the terms of suspension.

9.1(d) **No Procedural Rights:** The Medical Executive Committee may recommend one of the lesser sanctions outlined below, which would not entitle the practitioner to the procedural rights contained in this Investigation, Hearing and Appeal section of these bylaws:

(1) termination of summary suspension;
(2) modification of summary suspension;
(3) that no further action is justified;
(4) issue a written warning;
(5) issue a letter of reprimand;
(6) impose terms of probation;
(7) additional education or training;
(8) individual medical/psychiatric assessment and/or treatment;
(9) mandatory non-concurring consultation

This recommendation will then be transmitted immediately, together with all supporting documentation, to the Board of Directors. In this instance, the Medical Executive Committee recommendation will have the effect of revoking the summary suspension completely or reinstating the practitioner with whatever corrective action was assessed by the Medical Executive Committee preceding the final decision of the Board of Directors.

9.1(e) **Procedural Rights:** The MEC may recommend one of the actions outlined in 9.5(a) 1-9, which would entitle the practitioner to the procedural rights contained in this Investigation, Hearing and Appeal process outlined in these bylaws:

9.2 **AUTOMATIC REVOCATION, RESTRICTION OR SUSPENSION OF MEMBERSHIP / PRIVILEGES**

Automatic revocation, restriction or suspension of membership and clinical privileges shall be initiated for any of the following actions taken by an outside body. Action is taken because applicant no longer meets the requirements for Medical Staff membership as outlined in ARTICLE II of the Medical Staff Bylaws, and is similar in nature to that taken by the notifying outside body. Actions against Medical Staff membership and privileges for any of the following scenarios shall not entitle the practitioner to the procedural rights contained in the Investigation, Hearing and Appeal Procedures section of these bylaws, and shall not prompt reporting to the National Practitioners Data Bank.

9.2(a) Medical License

(1) **Revocation:** Whenever a practitioner's license to practice in this state or other state if Louisiana license to practice is exempted by the respective Louisiana licensing board is revoked, Medical Staff membership and clinical privileges are revoked automatically.

(2) **Restriction:** Whenever a practitioner's license is partially limited or restricted in any way, those clinical privileges which he/she has been granted that are within the scope of the limitation or restriction are similarly limited or restricted automatically.

(3) **Suspension:** Whenever a practitioner's license is suspended, the practitioner's Medical Staff membership and clinical privileges are automatically suspended effective upon and for at least the term of the suspension.

Attachment 3

Issued by USCCB, November 17, 2009

To order a copy of this statement, please visit www.usccbpublishing.org *and click on "New Titles."*

Ethical and Religious Directives for Catholic Health Care Services

Fifth Edition

United States Conference of Catholic Bishops

PART FOUR

Issues in Care for the Beginning of Life

Introduction

The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.

Catholic health care ministry witnesses to the sanctity of life "from the moment of conception until death."[20] The Church's defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church's commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

> This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly

> human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.[21]
>
> Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.[22]

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that "either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible."[23] Such interventions violate "the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning."[24]

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

> The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and

inviolable laws which must be recognized and observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.[25]

Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.[26]

Directives

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.[27]

39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.

40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.[28]

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception).[29]

42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.[30]

43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).

44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.

45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.[31]

49. For a proportionate reason, labor may be induced after the fetus is viable.

50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.[32]

51. Nontherapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.[33]

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.[34]

54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

Attachment 4

MEDICAL STAFF BYLAWS,

RULES AND REGULATIONS

OF

MINDEN MEDICAL CENTER

Minden, Louisiana

ARTICLE II

MEDICAL STAFF MEMBERSHIP

PART A. NATURE OF MEDICAL STAFF MEMBERSHIP

Medical Staff membership is a privilege extended by the Hospital, and is not a right of any person. Membership on the Medical Staff or the exercise of temporary privileges shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these bylaws. Membership on the Medical Staff shall confer on the practitioner only such clinical privileges and prerogatives as have been granted by the Board in accordance with these bylaws. No person shall admit patients to, or provide services to patients in the Hospital, unless he/she is a member of the Medical Staff with appropriate privileges, or has been granted temporary privileges as provides herein.

PART B. BASIC QUALIFICATIONS OF STAFF MEMBERSHIP

The only people who shall qualify for membership on the Medical Staff are those practitioners legally licensed in Louisiana, who:

1. Document their professional experience, background, education, training, demonstrated ability, current competence, professional clinical judgment and physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and the Board that any patient treated by them will receive quality care and that they are qualified to provide needed services within the Hospital;

2. Are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions, to work cooperatively with others and to be willing to participate in the discharge of staff responsibilities;

3. Comply and have complied with federal, state and local requirements, if any, for their medical practice, are not and have not been subject to any liability claims, challenges to licensure, or loss of Medical Staff membership or privileges which will adversely affect their services to the Hospital;

4. Each practitioner granted clinical privileges in the hospital shall maintain in force professional liability insurance in an amount not less than $1,000,000 per occurrence and $3,000,000 in annual aggregate or the practitioner shall maintain the minimum insurance required by the Louisiana Patient Compensation Fund (currently $100,000 per occurrence / $300,000 annual aggregate) and will show proof of participation in the Louisiana Patient Compensation Fund. Physician shall qualify for the Louisiana Patients' Compensation Fund by filing with the Patient's Compensation Fund Oversight Board proof of financial responsibility as provided by Louisiana R.S. §1299.42 (e) and paying the surcharge assessed on all health care providers according to Louisiana R.S. 40:1299.44. Alternately, proof of financial responsibility can be met by documentation of a letter of credit in the amount of $125,000 on file in physician's folder and show proof of participation in the LPCF. Each practitioner shall also inform the Executive Committee and CEO of the details of such coverage annually in December.

He/she shall also be responsible for advising the Medical Executive Committee and the CEO of any change in such professional liability coverage;

5. Are graduates of an approved college holding appropriate degrees;

6. Have successfully completed an approved internship program or the equivalent where applicable;

7. Maintain a good reputation in his/her professional community; have the ability to work successfully with other professionals and have the physical and mental health to adequately practice his/her profession;

8. Show evidence of the following educational achievements: State of Louisiana CME or relevant documentation for additional training specific to their board certified specialty or the specialty they have been granted privileges to practice at the hospital. The education should be related to the provision of quality patient care in the Hospital;

9. Have skills and training to fulfill a patient care need existing within the Hospital, and be able to adequately provide those services with the facilities and support services available at the Hospital; and

10. Practice in such a manner as not to interfere with orderly and efficient rendering of services by the Hospital or by other practitioners within the hospital.

11. All Emergency Department physicians are required to have current ACLS and PALS certification. Failure to maintain current status will result in loss of privileges until ACLS and PALS certification are current.

12. All Nursery Physicians are required to have current NRP. Failure to maintain current status will result in loss of privileges until NRP is current.

PART C. CONDITIONS FOR APPOINTMENT

1. Current Louisiana Physician's or Dentist's License, Federal Drug Enforcement Administration Controlled Substances Registration certificate and their Louisiana Controlled Dangerous Substances Narcotics license except those non-prescribing physicians and dentists.

   Licensure is verified with the primary source at the time of appointment and initial granting of clinical privileges, at reappointment or renewal or revision of clinical privileges, and at the time of expiration by a letter or computer printout obtained from the Louisiana Board of Medical Examiners. Verification of current licensure through the primary source Internet site or by telephone is also acceptable, if this verification is documented.

2. Letters of recommendation from members of the current Active Staff of the Hospital whenever possible. If the physician is unknown to the Active Staff then letters of recommendation will be obtained from staff members of other medical institutions who have knowledge of this candidate.

3. A statement of request for specific privileges of medical practice. Applicants for Affiliate Staff Membership shall not be required to request privileges.

4. A statement concerning all malpractice claims, final judgments or settlements brought against the physician including a consent for the release of information from present and past malpractice carriers and in-order for an applicant to qualify for membership on the Medical Staff he/she shall show evidence annually of $500,000 aggregate minimum professional liability insurance coverage; this requirement may be met by participation in the Louisiana State "Patient's Compensation Fund." All applicants for Staff membership except Affiliate staff applicants will be required to show evidence of such minimum insurance coverage at the time application is made as a prerequisite to Staff membership. Such insurance shall be maintained during the time that he/she is a member of the Medical Staff.

5. Applications for initial appointment who are not board certified will be required to document training and/or experience appropriate to desired medical and surgical privileges.

6. Candidates will be considered only for those specialties or practices which are recognized by the AMA, ABMS, ADA, and the Bylaws Rules and Regulations of the Medical Staff.

7. Applications must state whether there have been any previously successful or if there is currently pending any challenges to any licensure or registration (state or district, Drug Enforcement Administration) or whether they have ever voluntarily relinquished such licensure or registration.

8. The application must state if the applicant's privileges have ever been or are in the process of being suspended, revoked, reduced, denied, limited, placed on probation, voluntarily or involuntary relinquished, or not renewed. Additionally, the application must reflect any voluntary or involuntary termination of Medical Staff membership on the part of the applicant.

9. No person shall be automatically entitled to membership on the Medical Staff or to exercise the particular clinical privileges merely because he/she is licensed in this or any other state, or because he/she is a member of any professional organization, or because he/she is certified by any clinical board, or because he/she had, or presently has, staff membership at this Hospital or at another healthcare facility or in another practice setting.

10. The burden shall be on the applicant to establish that he/she is professional competent and worthy in character, professional ethics and conduct. Acceptance of membership on the Medical Staff shall constitute the member's certification that he/she has in the past, and agrees that he/she will in the future; abide by the lawful principles of Medical Ethics of the American Osteopathic Association or the American Medical Association or other applicable codes of ethics.

Applicant agrees to provide candid, complete and truthful responses in the application process and pledges to work with hospital administrative, nursing and physician staff in a cooperative, collegial and non-disruptive manner.

Acceptance of membership on the Medical Staff shall also constitute the staff member's agreement that he will abide by these Medical Staff Bylaws and other lawful standards, policies (including impaired and disruptive policies) and Rules and Regulations of the Medical Staff.

11. Applications for membership to Courtesy Staff may be subject to the following application processing fees:

$275 - Initial Appointment
$250 - Reappointment Application.

Any exception to the fee shall be approved by the Medical Executive Committee.

12. The hospital will query the National Practitioner Data Bank, with regard to physicians, dentists and other healthcare practitioners who apply for initial appointment to the Medical Staff or for clinical privileges at the hospital.

All responses to these inquiries shall be reviewed by the President of the Medical Staff and the CEO, documented as received and acted upon as necessary then filed in the healthcare practitioner's file.

PART D. BASIC RESPONSIBILITIES OF STAFF MEMBERSHIP

Each member of the Medical Staff shall:

1. Provide his/her patients with continuous care at the generally recognized professional level of quality;

2. Consistent with generally recognized quality standards, deliver patient care in an efficient and financially prudent manner, and adhere to local medical review policies with regard to utilization;

3. Abide by the Medical Staff Bylaws and other lawful standards, policies (including impaired and disruptive physician policies), Rules & Regulations of the Medical Staff;

4. Discharge the staff, department, committee and hospital functions for which he/she is responsible by staff category assignment, appointment, and election or otherwise;

5. Cooperate with other members of the Medical Staff, management, the Board of Governors and employees of the Hospital in the interest of quality patient care;

6. Adequately prepare and complete in a timely fashion the medical and other required records for all patients he/she admits or, in any way provides care to, in the Hospital;

7. Be encouraged to be a member in good standing of respective professional societies and to participate in educational programs as contemplated by these bylaws;

8. Abide by the ethical principles of his/her profession and specialty;

9. Refuse to engage in improper inducements for patient referral; and

10. Notify the CEO and Chief of Staff immediately if:

    a. His/Her professional licensure in any state is suspended or revoked;
    b. His/Her professional liability insurance is modified or terminated;
    c. He/She is named as a defendant, or is subject to a final judgment or settlement, in any court proceeding alleging that he/she committed professional negligence or fraud; or
    d. He/She is the subject of successful or current pending challenges to, or the voluntary relinquishment of any of the following:

        a. Specialty board certifications
        b. License to practice any profession in any jurisdiction
        c. National Drug Enforcement Agency (DEA) number or state licensure certificate issued by the state
        d. Medical Staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges
        e. The practitioner's management of patients which may have given rise to investigation by the state medical board; or,
        f. Participation in federal or state health insurance program, including Medicare or Medicaid
        g. Voluntary or mandatory participation in a drug and/or alcohol rehabilitation program.

11. Comply with all state and federal requirements for maintaining confidentiality of patient identifying medical information, including the Health Insurance Portability and Accountability Act of 1996, as amended and it associated regulations, and executes a health information confidentiality agreement with the hospital.

ARTICLE III

CATEGORIES OF THE MEDICAL STAFF

PART A. THE ACTIVE MEDICAL STAFF

Section 1. Qualifications

Applicants for membership on the Active Medical Staff shall be practitioners of demonstrated competence, who meet the basic qualifications for staff membership, who maintain offices in the community and who have served six (6) months provisional appointment before being elevated to Active Status. Members of the Active Medical Staff shall have full admitting privileges within those areas of medical practice in which privileges have been granted. Applicants must have indicated their willingness to participate in the conduct of Medical Staff affairs.

Section 2. Prerogatives.

The prerogatives of an Active Staff member shall be:

a. To admit patients without limitation, unless otherwise provided in the Medical Staff Bylaws Rules & Regulations;

b. To exercise such clinical privileges as are granted to him/her;

c. To vote on all designated matters presented at general and special meetings of the Medical Staff;

d. To vote and hold office in the staff organization and departments and on committees to which he/she is appointed; and

e. To vote in all Medical Staff elections.

Section 3. Responsibilities

The Active Physician members of the Medical Staff shall also be responsible for the proper performance of all clinical work in the hospital including the Emergency Department. Members of the Active Staff have an obligation to share on-call duties with the exception of those physicians whose principal office is located outside the immediate Minden area. Active Staff members with their principal office outside the immediate Minden area may arrange with other members (s) of the Active Staff to provide such on call duties and to be immediately responsive to the needs of their patients in both the Emergency Department and those patients admitted to the hospital, including those admitted or retained for observation. The physician must reside close enough to the hospital to be immediately responsive to his patients' needs.

a. Within his/her area of professional competence, the physician will retain responsibility for the continuous care and supervision of each patient in the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision; after including an initial assessment of all Medical

and Pediatric patients (excluding Senior Care and Rehab) within twenty-four (24) hours after admission ("admission" beginning with the time stamped upon the patient's Face Sheet).

b. Actively participate:

(1) In the QAPI program and other patient care evaluation and monitoring activities required of the staff and possess the requisite skill and training for the oversight of care, treatment and services in the Hospital;

(2) In supervision of appointees where appropriate;

(3) In the emergency on-call rotation, as more specifically described in the Medical Staff Rules and Regulations and as recommended by the MEC and, approved by the Board, including personal appearance to assess patients in the emergency department when deemed appropriate by the emergency department physician;

(4) In promoting effective utilization of resources consistent with delivery of quality patient care; and

(5) In discharging such other staff functions as may be required from time-to-time.

c. Serve on at least one (1) Medical Staff committee, if appointed by the Chief of Staff; and

d. Satisfy the requirements set forth in these bylaws for attendance at meetings of the Medical Staff and of the department and committees of which he/she is a member.

Section 4. Failure

Failure to carry out the responsibilities or meet the qualifications as enumerated shall be grounds for corrective action, including, but not limited to, termination of staff membership.

PART B. THE CONSULTING MEDICAL STAFF

Section 1. Qualifications

Consulting staff shall consist of a special category of physicians each of whom is, because of board certification, training and experience, recognized by the medical community as an authority within his/her specialty.

Section 2. Prerogatives

a. Prerogatives of a Consulting Staff member shall be to:

(1) consult on patients only by request of an Active, Associate, Courtesy or Provisional Staff member; and
(2) attend all meetings of the staff that he/she may wish to attend as a non-voting visitor.

b. Consulting Staff members shall not in any circumstance admit patients to the Hospital or transfer patients from the Hospital or be the physician of primary care for any patient within the Hospital. Consulting Staff members shall not hold office nor be eligible to vote in the Medical Staff organization.

Section 3. Responsibilities

Each member of the Consulting Staff shall assume responsibility, as requested by an Active, Courtesy or Provisional Staff member, for consultation and appropriate documentation thereof with regard to particular patients.

PART C. THE ASSOCIATE MEDICAL STAFF

Section 1. Qualifications

The Associate Medical Staff shall consist of physicians who work in the Emergency Room. Remuneration for their services is by contract with Minden Medical Center and they shall not have voting privileges.

PART D. THE COURTESY MEDICAL STAFF

Section 1. Qualifications

The Courtesy Medical Staff shall consist of those practitioners qualified for staff membership and who have been granted delineated clinical privileges but who only occasionally attend patients in the Medical Center and, therefore, are not eligible for appointment to the Active Staff.

Section 2. Prerogatives

a. Courtesy Staff members may not care for more than twenty-five (25) inpatients per year, not to include admissions to the normal newborn nursery or, who because of age or disability, can not take a more active part in the administrative functions on the Medical Staff;

b. Exercise such clinical privileges as are granted to him/her;

c. Attend meetings of the staff and any staff or hospital education programs; and

d. Serve on any of the standing committees as a voting member on matters of policies and procedure, except that he/she shall not vote as a member of the MEC or at a general Medical Staff meeting.

Section 3. Responsibilities

a. Members of the Courtesy Medical Staff shall have all privileges of Active Staff membership except that they may not hold office.

b. Retain responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for who he/she is providing service; and

Within his/her area of professional competence, the physician will retain responsibility for the continuous care and supervision of each patient in the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision; after including an initial assessment for all Medical and Pediatric patients (excluding Senior Care and Rehab) within twenty-four (24) hours after admission ("admission" beginning with the time stamped upon the patient's Face Sheet).

c. Satisfy the requirements set forth in these bylaws for attendance at meetings of the Medical Staff committees of which he/she is a member;

d. Upon completion of a six month provisional period, the provisional members may move between the categories (Courtesy to Active) or remain within the Courtesy classification depending on their performance during their provisional period and meeting the appropriate qualifications.

e. Members of the Courtesy Medical Staff shall be appointed in the same manner as provided for the Active Medical Staff.

Admissions, major procedures (outpatient surgery, invasive diagnostic procedures, etc.) and consultations in excess of twenty-five (25) per year in any two consecutive years will require the Courtesy Staff member to seek Active Staff membership or to lose Medical Staff membership at the time of reappointment.

ARTICLE IV

PROCEDURES FOR INITIAL APPOINTMENT & REAPPOINTMENT

PART A. INITIAL APPOINTMENT

Section 1. General Procedures

The Medical Staff through its designated committees and departments shall investigate and consider each application for appointment or reappointment to the staff and each request for modification of staff membership status and shall adopt and transmit recommendations thereon to the Board which shall be the final authority on granting, extending, terminating or reducing Medical Staff privileges. The Board shall be responsible for the final decision as to Medical Staff appointments. A separate, confidential record shall be maintained for each individual requesting Medical Staff membership or clinical privileges.

Section 2. Content Of Application For Initial Appointment

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form approved by the Board, and signed by the applicant. A copy of all active state licenses, current DEA registration/controlled substance certificate (for all practitioners except pathologists), a signed Medicare penalty statement and a certificate of insurance must be submitted with the application. Applicants shall supply the Hospital with all information requested on the application.

The application form shall include:

(a) Acknowledgment and Agreement: A statement that the applicant has received and read the Bylaws, Rules & Regulations and Fair Hearing Plan of the Medical Staff and that he/she agrees:

(1) to be bound by the terms thereof if he/she is granted membership and/or clinical privileges; and

(2) to be bound by the terms thereof in all matters relating to consideration of his/her application, without regard to whether or he/she is granted membership and/or clinical privileges.

(b) Administrative Remedies: A statement indicating that the practitioner agrees that he/she will exhaust the administrative remedies afforded by these bylaws before resorting to formal legal action, should an adverse ruling be made with respect to his/her staff membership, staff status, and/or clinical privileges;

(c) Felony Charges: Any current criminal charges pending against the applicant and any past convictions or pleas. The practitioner shall notify the CEO and the Chief of Staff within seven (7) days of receiving notice of the initiation of any criminal charges, and shall acknowledge the Hospital's right to perform a background

check at appointment, reappointment and any interim time when reasonable suspicion has been shown;

(d) Fraud: Any allegations of civil or criminal fraud pending against any applicant and any past allegations including their resolution and any investigations by any private, federal or state agency concerning participation in any health insurance program, including Medicare or Medicaid;

(e) Health Status: Indication that applicant possesses the necessary physical and mental health status necessary and capable to performing the functions of staff membership and exercising the privileges requested. In instances where there is doubt about an applicant's ability to perform privileges requested, an evaluation by an external or internal source may be requested by the MEC or the board. TB skin testing and/or a copy of the recent test result is required for all Practitioners on an annual basis.

(f) Information on Malpractice Experience: All information concerning malpractice cases against the applicant either filed, pending, settled, or pursued to final judgment. It shall be the continuing duty of the practitioner to notify the MEC through the CEO or his/her designee within seven (7) days of receiving notice of the initiation of a professional liability action against him/her. The CEO or his/her designee shall be responsible for notifying the MEC of all such actions.

(g) Education: Detailed information concerning the applicant's education and training.

(h) Insurance: Information as to whether the applicant has currently in force professional liability coverage meeting the requirements of these bylaws together with a letter from the insurer stating that the Hospital will be notified should the applicant's coverage change at any time. Each practitioner must, at all times, keep the CEO informed of changes in his/her professional liability coverage.

(i) Notification of Release and Immunity Provisions: Statements notifying the applicant of the scope and extent of authorization, confidentiality, immunity and release provisions.

(j) Professional Sanctions: Information as to previously successful or currently pending challenges to, or the voluntary relinquishment of, any of the following:

(1) membership/fellowship in local, state or national professional organizations;

(2) specialty board certifications;

(3) license to practice any profession in any jurisdiction;

(4) Drug Enforcement Agency (DEA) number/controlled substance license

(except pathologists);

(5) Medical Staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges; or

(6) the practitioner's management of patients which may have given rise to investigation by the state medical board; or

(7) participation in any private, federal or state health insurance program, including Medicare or Medicaid.

If any such actions were taken, the particulars thereof shall be obtained before the application is considered complete. The practitioner shall have a continuing duty to notify the MEC through the CEO or his/her designee within seven (7) days of receiving notice of the initiation of any of the above actions against him/her. The CEO or his/her designee shall be responsible for notifying the MEC of all such actions;

(k) Basic Qualifications: Detailed information concerning the applicant's experience and qualifications for the requested staff category, including information in satisfaction of the basic qualifications specified in Article II, Part B, and the applicant's current professional license and federal drug registration numbers;

(l) References: The names of at least three (3) practitioners, who have worked with the applicant within the past three (3) years and personally observed his/her professional performance and who are able to provide knowledgeable peer recommendations as to the applicant's education, experience and clinical ability and judgment, ethical character and ability to exercise the privileges requested and to work with others;

(m) Practice Affiliations: The name and address of all other hospitals, health care organizations or practice settings with whom the applicant is or has previously been affiliated;

(n) Request: Specific requests stating the staff category and specific clinical privileges for which the applicant wishes to be considered;

(o) Photograph: A recent, wallet sized government issued photograph of the applicant;

(p) Citizenship Status: Proof of United States citizenship or legal residency.

(q) Professional Practice Review Date: For all new applicants and practitioners requesting new or additional privileges, evidence of the practitioner's professional practice reviews, volumes and outcomes from organizations that currently privilege the applicant.

Section 3. Processing the Application

(a) Request for Application

A practitioner wishing to be considered for Medical Staff appointment or reappointment and clinical privileges may obtain an application form therefore by submitting his/her written request for an application form to the CEO or his/her designee.

(b) Applicant's Burden

By submitting the application, the applicant:

(1) Signifies his/her willingness to appear for interviews and acknowledges that he/she shall have the burden of producing adequate information for a proper evaluation of his/her qualifications for staff membership and clinical privileges;

(2) Authorizes hospital representatives to consult with others who have been associated with him/her and/or who may have information bearing on his/her current competence and qualifications;

(3) Consents to the inspection by hospital representatives of all records and documents that may be material to an evaluation of his/her licensure, specific training, experience, current competence, health status and ability to carry out the clinical privileges he/she requests as well as of his/her professional ethical qualifications for staff membership;

(4) Represents and warrants that all information provided by him/her is true, correct and complete in all material respects, agrees to notify the Hospital of any change in any of the information furnished in the application, and acknowledges that provision of false or misleading information, or omission of information, shall be grounds for immediate rejection of his/her application; without fair hearing rights;

(5) Acknowledges that, if he/she is determined to have made a misstatement, misrepresentation, or omission in connection with an application and such misstatement, misrepresentation, or omission is discovered after appointment and/or the granting of clinical privileges, he/she shall be deemed to have immediately relinquished his/her appointment and clinical privileges, without fair hearing rights; and

(6) Pledges to provide continuous care for his/her patients who are treated in the Hospital;

(7) Agrees to be bound by the statements described in Section (c).

(c) **Statement of Release & Immunity from Liability**

The following are express conditions applicable to any applicant and to any person appointed to the Medical Staff and to anyone having or seeking privileges to practice his/her profession in the Hospital during his/her term of appointment or reappointment. In addition, these statements shall be included on the application form, and by applying for appointment, reappointment or clinical privileges the applicant expressly accepts these conditions during the processing and consideration of his/her application, and at all times thereafter, regardless of whether or not he/she is granted appointment or clinical privileges. I further acknowledge that if it has been reasonably determined that I have made a misstatement, misrepresentation, or omission in connection with an application that is discovered after appointment and/or the granting of clinical privileges, I shall be deemed to have immediately relinquished my appointment and clinical privileges.

I hereby apply for Medical Staff appointment as requested in this application and, whether or not my application is accepted; I acknowledge, consent and agree as follows:

As an applicant for appointment, I have the burden for producing adequate information for proper evaluation of my qualifications. I also agree to update the Hospital with current information regarding all questions contained in this application as such information becomes available and any additional information as may be requested by the Hospital or its authorized representatives. Failure to produce any such information will prevent my application for appointment from being evaluated and acted upon. I hereby signify my willingness to appear for the interview, if requested, in regard to my application.

Information given in or attached to this application is accurate and complete to the best of my knowledge. I fully understand and agree that as a condition to making this application, any misrepresentations or misstatement in, or omission from it, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application, resulting in denial of appointment and clinical privileges.

If granted appointment, I accept the following conditions:

(1) I extend immunity to, and release from any and all liability, the Hospital, its authorized representatives and any third parties, as defined in subsection (3) below, for any acts, communications, recommendations or disclosures performed without intentional fraud or malice involving me; performed, made, requested or received by this Hospital and its authorized representatives to, from or by any third party, including otherwise privileged or confidential information, relating, but not limited to, the following:

(a) applications for appointment or clinical privileges, including temporary privileges;

(b) periodic reappraisals;

(c) proceedings for suspension or reduction of clinical privileges or for denial or revocation of appointment, or any other disciplinary action;

(d) summary suspension;

(e) hearings and appellate reviews;

(f) medical care evaluations;

(g) utilization reviews;

(h) any other Hospital, Medical Staff, department, service or committee activities;

(i) inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and

(k) any other matter that might directly or indirectly impact or reflect on my competence, on patient care or on the orderly operation of this or Hospital.

(2) I specifically authorize the Hospital and its authorized representatives to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or other matter bearing on my satisfaction of the criteria for continued appointment to the Medical Staff, as well as to inspect or obtain any all communications, reports, records, statements, documents, recommendations and/or disclosure of said third parties relating to such questions. I also specifically authorize said third parties to release said information to the Hospital and its authorized representatives upon request.

(3) The term "Hospital" and "its authorized representatives" means the Hospital corporation, the Hospital to which I am applying and any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application or conduct in the Hospital: the members of the Board and their appointed representatives, the CEO or his/her designees, other Hospital employees, consultants to the Hospital, the Hospital's attorney and his/her partners, associates or designees, and all appointees to the Medical Staff. The term "third parties" means all individuals, including appointees to the Medical Staff, and appointees to the Medical Staffs of other Hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether Hospitals, health care facilities or not, from whom information has been

requested by the Hospital or its authorized representatives or who have requested such information from the Hospital and its authorized representatives.

I acknowledge that: (1) Medical Staff appointments at this Hospital are not a right; (2) my request will be evaluated in accordance with prescribed procedures defined in these Bylaws and Rules & Regulations; (3) all Medical Staff recommendations relative to my application are subject to the ultimate action of the Board whose decision shall be final; (4) I have the responsibility to keep this application current by informing the Hospital through the CEO, of any change in the areas of inquiry contained herein; and (5) appointment and continued clinical privileges remain contingent upon my continued demonstration of professional competence and cooperation, my general support of the acceptable performance of all responsibilities related thereto, as well as other factors that are relevant to the effective and efficient operation of the Hospital. Appointment and continued clinical privileges shall be granted only on formal application, according to the Hospital and these Bylaws and Rules & Regulations, and upon final approval of the Board.

I understand that before this application will be processed that: (1) I will be provided a copy of the Medical Staff Bylaws and such Hospital policies and directives as are applicable to appointees to the Medical Staff, including these Bylaws and Rules & Regulations of the Medical Staff presently in force; and (2) I must sign a statement acknowledging receipt and an opportunity to read the copies and agreement to abide by all such bylaws, policies, directives and rules and regulations as are in force, and as they may thereafter be amended, during the time I am appointed to the Medical Staff or exercise clinical privileges at the Hospital.

If appointed or granted clinical privileges, I specifically agree to: (1) refrain from fee-splitting or other inducements relating to patient referral; (2) refrain from delegating responsibility for diagnosis or care of hospitalized patient to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary; (5) abide by generally recognized ethical principles applicable to my profession; (6) provide continuous care and supervision as needed to all patients in the Hospital for whom I have responsibility; and (7) accept committee assignment and such other duties and responsibilities as shall be assigned to me by the Board and Medical Staff.

(d) Submission of Application & Verification of Information

Upon completion of the application form and attachment of all required information, the Applicant shall submit the form to the CEO or his/her designee. The application shall be returned to the practitioner and shall not be processed further if one (1) or more of the following applies:

(1) Not Licensed. The practitioner is not licensed in this state to practice in a field of health care eligible for appointment to the Medical Staff; or

(2) Privileges Denied or Terminated. Within one (1) year immediately preceding the request, the practitioner has had his/her application for Medical Staff appointment at this Hospital denied, has resigned his/her Medical Staff appointment at this Hospital during the pendency of an active investigation which could have led to revocation of his/her appointment, or has had his/her appointment revoked or terminated at this Hospital; or

(3) Exclusive Contract or Moratorium. The practitioner practices a specialty which is the subject of a current written exclusive contract for coverage with the Hospital or a moratorium has been imposed by the Board upon acceptance of applications within the practitioners' specialty; or

(4) Inadequate Insurance. The practitioner does not meet the liability insurance coverage requirements of these bylaws; or

(5) Ineligible for Medicare Provider Status. The practitioner has been excluded, suspended or debarred from any government payor program or is currently the subject of a pending investigation by any government payer or program; or

(6) No DEA number. The practitioner's DEA number/controlled substance license has been revoked or voluntarily relinquished (this shall not apply to pathologists); or

(7) Continuous Care Requirement. For applicants who will be seeking advancement to Active or Courtesy Staff, failure to maintain an office or residence with 30 miles of the Hospital; or

(8) Application Incomplete. The practitioner has failed to provide any information required by these bylaws or requested on the application, or has failed to execute an acknowledgment, agreement or release required by these bylaws or included in the application. Incomplete applications will not be processed and will be deemed withdrawn after 30 days of request for additional information.

The refusal to further process an application form for any of the above reasons shall not entitle the practitioner to any further procedural rights under these bylaws.

In the event that none of the above apply to the application, the CEO or his/her designee shall promptly seek to collect or verify the references, licensure and other evidence submitted. The CEO or his/her designee shall promptly notify the applicant, via special notice, of any problems in obtaining the information required and it shall then be the applicant's obligation to ensure that the required

information is provided within two (2) weeks of receipt of such notification. Verification shall be obtained from primary sources whenever feasible. Licensure shall be verified with the primary source at the time of appointment and initial granting of privileges, at reappointment or renewal or revision of clinical privileges, and at the time of expiration by a letter or computer printout obtained from the appropriate licensing board. Verification of current licensure through the primary source internet site or by telephone is also acceptable so long as verification is documented. When collection and verification are accomplished, the application and all supporting materials shall be transmitted to the Chairperson of the Medical Executive Committee. An application shall not be deemed complete nor shall final action on the application be taken until verification of all information, including query of the Data Bank, is complete.

(e) Description of Initial Clinical Privileges

Medical Staff appointments or reappointments shall not confer any clinical privileges or rights to practice in the hospital. Each practitioner who is appointed to the Medical Staff of the hospital shall be entitled to exercise only those clinical privileges specifically granted by the Board. The clinical privileges recommended to the Board shall be based upon the applicant's education, training, experience, past performance, demonstrated competence and judgment, references and other relevant information. The applicant shall have the burden of establishing his/her qualifications for, and competence to exercise the clinical privileges he/she requests.

(f) Medical Executive Committee Action

Within thirty (30) days of receiving the completed application, the members of the Medical Executive Committee shall review the application, the supporting documentation, and such other information available as may be relevant to consideration of the applicant's qualifications for the staff category and clinical privileges requested. The Medical Executive Committee shall transmit on the prescribed form a written report and recommendation as to staff appointment and, if appointment is recommended, clinical privileges to be granted and any special conditions to be attached to the appointment. The Medical Executive Committee also may recommend deferring action on the application. The reason for each recommendation shall be stated and supported by references to the completed application and all other information considered by the committee. Documentation shall be transmitted with the report. Any minority views shall also be in writing, supported by explanation, references and documents, and transmitted with the majority report.

(g) Medical Executive Committee Follow-Up

At its next regular meeting after review of the initial recommendation, but no later than thirty (30) days, the MEC shall complete consideration of the recommendation and other relevant information available to it if not already done at the preceding meeting. The MEC shall then forward to the Board a written report on the prescribed form concerning staff recommendations and, if appointment is recommended, staff category and clinical privileges to be granted

and any special conditions to be attached to the appointment. The MEC also may defer action on the application. The reasons for each recommendation shall be stated and supported by reference to the completed application and other information considered by the committee. Documentation shall be transmitted with the report. Any minority views shall also be reduced to writing, supported by reasons, references and documents, and transmitted with the majority report.

(h) Effect of Medical Executive Committee Action

(1) Deferral: Action by the MEC to defer the application for further consideration must be followed up within ninety (90) days with a recommendation for either provisional appointment with specified clinical privileges or for rejection for staff membership. An MEC decision to defer an application shall include specific reference to the reasons therefore and shall describe any additional information needed. If additional information is required from the applicant, he/she shall be so notified, and he/she shall then bear the burden of providing same.

In no event shall the MEC defer action on a completed and verified application for more than ninety (90) days beyond receipt of same.

(2) Favorable Recommendation: When the recommendation of the MEC is favorable to the applicant, the CEO or his/her designee shall promptly forward it, together with all supporting documentation, to the Board. For purposes of this section, "all supporting documentation" generally shall include the application form and its accompanying information and the report and recommendation of the Medical Executive Committee. The Board shall act upon the recommendation at its next scheduled meeting, or may defer action if additional information or clarification of existing information is needed, or if verification is not yet complete.

(3) Adverse Recommendation: When the recommendation of the MEC is adverse to the applicant, the CEO or his/her designee shall immediately inform the practitioner by special notice which shall specify the reason or reasons for denial and the practitioner then shall be entitled to the procedural rights as provided in the Fair Hearing Plan. The applicant shall have an opportunity to exercise his/her procedural rights prior to submission of the adverse recommendation to the Board. For the purpose of this section, an "adverse recommendation" by the Medical Executive Committee is defined as denial of appointment, or denial or restriction of requested clinical privileges. Upon completion of the Fair Hearing process, the Board shall act in the matter as provided in the Fair Hearing Plan.

(i) Board Action

(1) Decision; Deadline. The Board of Governors may accept, reject or modify the MEC recommendation. The Board shall make specific findings as to the applicant's satisfaction of the requirements of experience, ability and current competence. The Secretary of the Board shall reduce the decision

to writing and shall set forth therein the reasons for the decision. The written decision shall not disclose any information which is or may be protected from disclosure to the applicant under applicable laws. The Board of Governors shall make every reasonable effort to render its decision within ninety (90) days following receipt of the Medical Executive Committee's recommendation.

(2) Favorable Action. In the event that the Board of Governors' decision is favorable to the applicant, such decision shall constitute final action on the application. The CEO or his/her designee shall promptly inform the applicant that his/her application has been granted. The decision to grant Medical Staff appointment or reappointment, together with all requested clinical privileges, shall constitute a favorable action even if the exercise of clinical privileges is made contingent upon monitoring, proctoring, periodic drug testing, additional education concurrent with the exercise of clinical privileges, or any similar form of quality improvement that does not materially restrict the applicant's ability to exercise the requested clinical privileges.

(3) Adverse Action. In the event that the Medical Executive Committee's recommendation was favorable to the applicant, but the Board of Governors' action is adverse, the applicant shall be entitled to the procedural rights specified in the Fair Hearing Plan. The CEO or his/her designee shall immediately deliver to the applicant by special notice a letter enclosing the Board of Governors' written decision and containing a summary of the applicant's rights as specified in the Fair Hearing Plan.

Under no circumstances shall any applicant be entitled to more than one (1) evidentiary hearing under the Fair Hearing Plan based upon an adverse action.

(j) Interview

An interview may be scheduled with the applicant during any of the steps set out in subsections (f) - (j). Failure to appear for a requested interview without good cause may be grounds for denial of the application.

(k) Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be considered for appointment to the Medical Staff for a period of one (1) year after notice of such decision is sent, or until the defect constituting the grounds for the adverse decision is corrected, whichever is later. An applicant who has received a final adverse decision as a result of fraudulent conduct, misrepresentations in the application process, or other basis involving dishonesty shall not be permitted to reapply for a period of five (5) years after notice of the final adverse decision is sent. Any reapplication shall be processed as an initial application and the applicant shall submit such additional information as the staff or the Board may require.

(l) **Time Periods for Processing**

Applications for staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by these bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this section. The CEO or his/her designee shall transmit a completed application to the Medical Executive Committee upon completing his/her verification tasks, but in any event within ninety (90) days after receiving the completed application, unless the practitioner has failed to provide requested information needed to complete the verification process.

(m) **Denial for Hospital's Inability to Accommodate Applicant**

A decision by the Board to deny staff membership, staff category assignment or particular clinical privileges based on any of the following criteria shall not be deemed to be adverse and shall not entitle the applicant to the procedural rights provided in the Fair Hearing Plan:

(1) On the basis of the hospital's present inability to provide adequate facilities or supportive services for the applicant and his/her patients as supported by documented evidence; or

(2) On the basis of inconsistency with the hospital's current service plan including duly approved privileging criteria and the mix of patient care services to be provided; or

(3) On the basis of professional contracts the hospital has entered into for the rendition of services within various specialties.

However, upon written request of the applicant, the application shall be kept in a pending status for the next succeeding two (2) years. If during this period, the hospital finds it possible to accept applications for staff positions for which the applicant is eligible, and the hospital has no obligation to applicants with prior pending status, the CEO or his/her designee shall promptly so inform the applicant of the opportunity by special notice.

Within thirty (30) days of receipt of such notice, the applicant shall provide, in writing on the prescribed form, such supplemental information as is required to update all elements of his/her original application. Thereafter, the procedure provided in Section D of this Article for initial appointment shall apply.

Attachment 5

University Health™
Shreveport

UNIVERSITY HEALTH SHREVEPORT
MEDICAL STAFF BYLAWS
December 10, 2013

(OIG), State Board of Medical Examiners in the state in which Hospital is located, federal, state or local authorities, formal peer review or fair hearing actions at other facilities.

3.2. HOSPITAL NEED AND ABILITY TO ACCOMMODATE

Except in such cases in which the Hospital is acquiring another facility or will merge with another hospital, no person shall be appointed to the Staff or shall be granted clinical privileges if the Hospital is unable to provide adequate facilities and support services for the applicant or his/her patients. In connection with the grant of membership involving an acquisition or merger, the applicant's clinical privileges shall not commence until the acquisition or merger takes place. The Board may decline to accept, or may have the Staff review requests for Staff membership and/or particular clinical privileges in connection with appointment, reappointment, the initial granting of clinical privileges, requests for revision of clinical privileges, the renewal of clinical privileges or otherwise on the basis of the following:

3.2.1 Availability of Facilities/Support services

Clinical privileges shall be granted only for the provision of care that is within the scope of services, capacity, capabilities, and business plan of the Hospital. Prior to granting of a clinical privilege, the resources necessary to support the requested privilege shall be determined to be currently available, or available within a specified time frame. Resource considerations shall include whether there is sufficient space, equipment, staffing, financial resources or other necessary resources to support each requested privilege.[38]

3.2.2 Exclusive Contracts

The Board may determine, in the interests of quality of patient care and as a matter of policy, that certain Hospital clinical facilities may be used only on an exclusive basis in accordance with written contracts between the Hospital and qualified Practitioners.

3.2.3 Medical Staff Development Plan

The Board may decline to accept applications based on the requirements or limitations in the Hospital's Medical Staff development plan which shall be based on identification by the Hospital of the patient care needs within the population served. [39]

3.2.4 Effects of Declination

Refusal to accept or review requests for Staff membership or clinical privileges based upon Hospital need and ability to accommodate, as described in this section, shall not constitute a denial of Staff membership or clinical privileges and shall not entitle the individual to any procedural rights of hearing or appeal. Any portion of the application which is accepted (e.g., requests for clinical privileges that are not subject to a limitation) shall be processed in accord with these Bylaws.

3.3 EFFECTS OF OTHER AFFILIATIONS

No person shall be automatically entitled to Staff membership or to the exercise of clinical privileges merely because he/she is licensed to practice within his/her healthcare profession, is a member of any professional organization, is certified by any board, or has/had staff membership or clinical privileges in another hospital or health care organization.[40]

3.4 NONDISCRIMINATION

No person shall be denied appointment or clinical privileges on the basis of gender, race, religion, creed, or national origin, or on the basis of any criterion unrelated to the delivery of quality patient care

---

[38] MS.06.01.01
[39] MS.06.01.01
[40] 42 C.F.R. §482.12(a)(7)

in the Hospital to professional qualifications, to the Hospital's purposes, needs and capabilities. There shall be no discrimination against Practitioners who serve high-risk populations or specialize in the treatment of costly conditions.[41]

3.5 BASIC OBLIGATIONS ACCOMPANYING STAFF APPOINTMENT AND/OR THE GRANTING OF CLINICAL PRIVILEGES

By submitting an application for Staff membership and/or a request for clinical privileges, the applicant signifies agreement to fulfill the following obligations of holding Staff membership and/or clinical privileges. The applicant shall agree to:

(1) Appear for any requested interviews regarding his/her application, or subsequent to appointment or the granting of clinical privileges, to appear for any requested interviews related to questions regarding the applicant's performance; pursuant to Section 3.7.5.3;

(2) Provide continuous care to his/her patients[42] at the generally recognized professional level of quality and efficiency established by the Hospital; delegate in his/her absence, the responsibility for diagnosis and/or care of his/her patients only to a Practitioner who is a member in good standing of the Medical Staff and who is qualified and approved by the Hospital to undertake this responsibility by the granting of appropriate clinical privileges; and seek consultation whenever necessary, and in accordance with the consultation policies of the Medical Staff;

(3) Accurately and legibly prepare and complete, in timely fashion, the medical records for all patients he/she admits or in any way provides care to in the Hospital in accordance with the Rules and Regulations;

A History and Physical examination ("H&P") must be completed and documented in accordance with the Medical Staff Bylaws, Rules & Regulations and Hospital policy within 24 hours after a patient is admitted to the hospital. The H&P may be performed by any member of the Medical Staff or AHP so delegated by the admitting physician, provided that any non-physician who performs an H&P must be credentialed and privileged to do so in accordance with these bylaws. In all cases the admitting physician must sign for and assume responsibility for the performance of the H&P and content of the medical record. If a patient is readmitted within 30 days for the same condition, an updated medical entry must be made documenting that an examination for changes in the patient's condition, as compared to the previous history and physical examination, has been performed within 24 hours of the patient's admission. In the case of surgical patients, such updated medical entry must be made prior to the surgery, except in the event of emergency. In the case of patients undergoing a procedure requiring anesthesia, a pre-anesthesia evaluation must be completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or other procedure requiring anesthesia services. A post-anesthesia evaluation must be completed and documented by an individual qualified to administer anesthesia, no later than 48 hours after surgery or a procedure requiring anesthesia services.

(4) Abide by these Bylaws, the Rules and Regulations, and all other rules, policies and procedures, guidelines, and other requirements of the Medical Staff and the Hospital;

(5) Abide by all local, State and Federal laws and regulations, Joint Commission standards, and State licensure and professional review regulations and standards, as applicable to the applicant's professional practice;

(6) Regularly attend meetings of the Medical Staff unless excused;

(7) Discharge such Medical Staff, Clinical Service, Division, committee, and Hospital functions for which he/she is responsible based upon appointment, election, or otherwise, including as

---

[41] MS 06.01.07
[42] MS.03.01.01

appropriate, providing on-call coverage for emergency care services within his/her clinical specialty, as required by the Medical Staff;

(8) Participate in necessary training and utilize the electronic record systems or other technology in use by the Hospital to prepare a patient record for each patient, and prepare and complete in a timely, legible manner the medical and other required records for all patients for whom he/she provides care in the Hospital;

(9) Cooperate with the Hospital in matters involving its fiscal responsibilities and policies, including those relating to payment or reimbursement by governmental and third party payers;

(10) Participate in peer review, quality assessment, performance improvement, risk management, case management/resource management, and other review and improvement activities as requested;

(11) Participate in continuing education to maintain clinical skills and current competence;[43]

(12) Notify and update the Medical Staff and Hospital immediately upon a change in any qualifications for membership or clinical privileges, as listed in Article Three of these Bylaws or in any Rules and Regulations outlining criteria for clinical privileges (including but not limited to becoming an Ineligible Person);

(13) Agree that the Hospital may obtain an evaluation of the applicant's performance by a consultant selected by the Hospital if the Hospital considers it appropriate;

(14) Perform such other responsibilities as the Hospital or the Medical Staff may require; and

(15) If applicant is a referring physician owner or investor in Hospital, applicant agrees to provide notification to all patients in writing prior to admission at a time when the referral is made, and when the patient, or an authorized representative, is capable of making a meaningful decision, that the physician (and if applicable, the treating physician) is an owner/investor in Hospital.

3.6 TERMS OF APPOINTMENT

Initial appointments and initial granting of clinical privileges shall be for a period of one year (12 months), and subject to extension for a total period not to exceed two years (24 months). [44] Reappointments shall be for a period not to exceed two years (24 months). [45] In the event that reappointment has not occurred due to lack of submission of a complete application ninety (90) days prior to the expiration of the current term of appointment, the membership and clinical privileges of the individual will be considered to have been voluntarily surrendered. In such case the individual shall be notified of the expiration of the term of membership and/or clinical privileges and the need to submit a new application if continued membership or clinical privileges are desired. Voluntary surrender of membership and/or clinical privileges shall not entitle the individual to a fair hearing and appeal.

3.7 CREDENTIALS VERIFICATION AND APPLICATION PROCESSING PROCEDURES

3.7.1 New Appointment Pre-Application Process

Upon receipt of a request to apply for Staff membership or clinical privileges, the Medical Staff Office shall screen the person requesting Staff membership or clinical privileges before an application is sent. The Medical Staff Office shall validate per Letter of Offer the Department of appointment as approved by the Dean of the School of Medicine. The person requesting Staff membership or clinical privileges shall be asked to supply documentation used to determine his/her eligibility to apply for membership or clinical privileges. The following information is required to determine eligibility:

---

[43] MS.12.01.01
[44] MS.06.01.07
[45] MS.06.01.07

(1) Current license to practice in this State or ability to apply for current licensure;

(2) Current controlled substance registration, if prescribing medications;

(3) Proof of professional liability insurance in the amounts required by the Board, through an insurance carrier authorized by the state in which Hospital is located as a licensed provider of professional malpractice insurance;

(4) Geographic location of office and residence (where applicable); and

(5) Medicare Provider UPIN and National Provider Identifier (NPI).[46]

(6) If the individual is able to provide the above listed evidence of qualifications, he/she shall be provided with an application form. Failure to provide the above listed evidence shall result in ineligibility to apply for Staff membership or clinical privileges and shall not be considered an adverse action, and the individual shall not be entitled to any hearing or appeal rights under these Bylaws. Such determination will not result in the filing of a report with the state professional licensing board or with the National Practitioner Data Bank.

3.7.2 Application

A separate credentials file shall be maintained for each applicant for Staff membership or clinical privileges.[47] Each application for Staff appointment, reappointment, and/or clinical privileges, including applications submitted by a telemedicine physician or practitioner, shall be in writing, submitted on the prescribed form, and signed by the applicant. When an individual is applying for initial appointment or is initially requesting clinical privileges, he/she shall be provided an application form when he/she is deemed eligible to apply, and shall also be given a copy of these Bylaws, the Medical Staff and applicable Rules and Regulations, if any, and applicable Hospital policies.[48] At least five months prior to expiration of the current term of membership or clinical privileges for an individual who is a member of the Medical Staff or who currently holds clinical privileges, the individual should be sent a notice of the impending expiration and an application for reappointment and/or renewal of privileges. By signing the application, the applicant acknowledges his or her obligations as a Medical Staff member to provide continuous care and supervision of his or her patients in the Hospital, and to designate qualified Medical Staff members agreeing to attend his or her patients during the applicant's absence. The applicant shall affirm that he or she will adhere to accurate and proper billing practices and The Joint Commission Standards of Practice; will seek consultations when necessary; will abide by the Medical Staff Bylaws and Rules & Regulations; will accept committee assignments; and will accept consultation assignments as provided by these Bylaws. The applicant further attests that he or she has not made any false or misleading statements on his or her application. Falsification or omission of any information may be grounds for summary suspension and/or dismissal.

3.7.3 Burden on Applicant

The applicant for appointment, reappointment, and/or clinical privileges shall have the burden of producing adequate information for a proper evaluation of his/her qualifications for membership or clinical privileges. Neither the Medical Staff nor the Board shall have any obligation to review or consider any application until it is complete, as defined in these Bylaws. The applicant shall provide accurate, up-to-date information on the application form, and shall be responsible for ensuring that all supporting information and verifications are provided, as requested. It shall be the responsibility of the applicant to ensure that any required information from his/her training programs, peer references, or other facilities are submitted directly to the Medical Staff Office by such sources. The applicant shall be

---

[46] 45 C.F.R. § 162.410
[47] 42 C.F.R. §482.22(a)(2)
[48] LD.03.04.01

responsible for resolving any doubts regarding the application. If during the processing of the application the Hospital or the Medical Staff or any committee or representative thereof, determines that additional information or verification, or an interview with the applicant is needed, further processing of the application may be stayed and the application may not be considered complete until such additional information or verification is received, or the interview is conducted. Any Medical Staff committee or the Board may request that the applicant appear for an interview with regard to the application. The Medical Staff Office shall notify the applicant by special notice of the specific information being requested, the time frame within which a response is required, and the effect on the application if the information is not received timely. Failure to provide a complete application, as defined in these Bylaws, within six months after being provided with an application form for appointment, reappointment within sixty (60) days after being provided an application for reappointment, or clinical privileges, or failure to appear for any requested interview, shall be deemed a voluntary withdrawal from the application process. Voluntary withdrawal from the application process shall not be considered an adverse action, and shall not entitle the applicant to exercise procedural rights outlined in these Bylaws in the event of such withdrawal. The Medical Staff Office shall provide special notice to an individual regarding his/her withdrawal from the application process due to lack of requested information or failure to appear for an interview. The completed application form shall include, without limitation:

(1) Identifying information, including name, social security number, date of birth, any aliases, and addresses of office & residence, as well as the provision of a current government-issued photo ID for examination and photocopying by the Medical Staff Office, an original passport-type photograph, and any biometric identification required to verify identification or background.

(2) For new applicants, evidence of citizenship in the United States of America (e.g., birth certificate showing place of birth in this country, naturalization papers, or USA passport), or evidence that the applicant is in the USA legally and has the required permission(s) to work in this country. For applicants who are not USA citizens who are requesting reappointment or renewal of privileges, evidence of a current visa and current work permit shall be required.

(3) For a new applicant, written permission for a background check, and submission of any fees associated with processing a background check.

(4) Evidence of current licensure in the state in which Hospital is located and information regarding any current or past licensure in any healthcare profession or in any other state;[49]

(5) For applicants requesting medication prescribing privileges, evidence of controlled substance registration(s), both federal DEA, and state, if applicable;

(6) For a new appointment, the names and addresses of educational institutions, and dates of attendance, for undergraduate and postgraduate education, including professional degrees earned, or in the case of a foreign graduate, ECFMG certificate;[50]

(7) For reappointments or renewal of clinical privileges, the applicant's participation in continuing education, specifically as related to the clinical privileges requested;[51]

(8) The names of at least three peers who will provide information as to the applicant's experience, current competence, judgment, conduct, ethics and character, and ability to perform the clinical privileges requested. The peer shall be someone with current

---

[49] MS.06.01.03, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[50] MS.06.01.03, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[51] MS.12.01.01

and personal knowledge of the applicant's ability to practice who can provide an unbiased appraisal (and therefore not a current partner in medical practice, spouse or other family member). At least two peers shall be in the same professional discipline as the applicant. ;[52]

(9) Information regarding specialty board certification, if any, including the name of the specialty board(s), and dates of certification;

(10) Information regarding all current and all past healthcare facility affiliations, including the name and address of the facility(s) and dates of affiliation;[53]

(11) Evidence of current professional liability insurance, including the name of the carrier, amount and dates of coverage, and professional practice covered;

(12) Medicare Provider NPI;

(13) Information as to any current, possible, or pending sanctions affecting participation in any Federal Health Care Program, or any actions which might cause the applicant to become an Ineligible Person, as well as any sanctions from a professional review organization;

(14) Accurate and complete disclosure with regard to the following queries:

- Whether the applicant's professional license or controlled substance registration (DEA, state or local), in any jurisdiction, has ever been disciplined, restricted, revoked, suspended, or surrendered, or whether such action is currently pending, or whether the applicant has voluntarily or involuntarily relinquished such licensure or registration in any jurisdiction;[54]
- Whether the applicant has had any voluntary or involuntary termination of Medical Staff membership, or voluntary or involuntary limitation, reduction, loss, or denial of clinical privileges at another Hospital;[55]
- Whether the applicant has had any notification of, or any involvement in a professional liability action, including any final judgments or settlements involving the applicant; and,[56]
- Whether the applicant has ever been subject to a criminal activity, including arrest, pre-trial diversion, and criminal conviction, as defined in these Bylaws, or whether any such action is pending.

(15) A statement from the applicant that he/she agrees to abide by the ethical code and standards governing his/her profession;

(16) A statement from the applicant that his/her health status is such that he/she has the ability to perform the clinical privileges that he/she is requesting, pursuant to Article Three, Section 3.1.9;[57]

(17) Evidence that the applicant has complied with health screening requirements.

(18) A statement from the applicant that he/she has received and read the current Medical Staff Bylaws, Rules and Regulations, and policies and agrees to be bound by them,

---

[52] MS.06.01.03, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[53] MS.06.01.03
[54] MS.06.01.05
[55] MS.06.01.05
[56] MS.06.01.05
[57] MS.06.01.05

including any future Bylaws, Rules and Regulations and policies which may be duly adopted;[58]

(19) A pledge from the applicant to provide continuous care to his/her patients, as defined in these Bylaws;

(20) A statement from the applicant consenting to the release and inspection of all records or other documents that may be material to an evaluation of his/her professional qualifications, including all health information and medical records necessary to verify the applicant's health status as required by Section 3.1.9, and for a new applicant, permission to conduct a background check, and a statement providing immunity and release from civil liability for all individuals requesting or providing information relative to the applicant's professional qualifications or background, or evaluating and making judgments regarding such qualifications or background.

(21) A statement from the applicant agreeing that in the event of an adverse action concerning his/her Staff membership or clinical privileges, he/she will exhaust all remedies afforded by these Bylaws before resorting to formal legal action or commencing legal proceedings.

(22) In the case of applicants for initial appointment to the Medical Staff, a signed Medicare Acknowledgement Statement.

(23) Physicians, other Practitioners, and Allied Health Professionals will sign an Information Security Agreement at the time of application for initial appointment, and during the reappointment process and shall agree that as a condition of membership or holding clinical privileges, the individual shall abide by the privacy policies of the Hospital. Completed Agreements will be maintained in the individual's credentials file.

(24) All applications must include a specific written request for clinical privileges using prescribed forms.[59] Requests for clinical privileges shall not be complete unless it includes supporting evidence of competence for each of the privileges requested and proof that the applicant meets the criteria for each of the privileges requested.

(25) As a condition of consideration for initial and continued appointment to the Medical Staff, every applicant shall specifically agree to immediately provide (within one business day of being officially notified of a change in status) to the Medical Staff and the Hospital, with or without request, any new or updated information that is pertinent to the individual's professional qualifications or any question on the application form, including but not limited to any change in Federal Health Care Program Ineligible Person status, any exclusion from a State Program, any change in licensure in any state, any change in DEA status or status with a State controlled substance regulatory agency, or any exclusion or other sanctions imposed or recommended by the Federal Department of Health and Human Services or any state, the receipt of a QIO citation, any change in legal status to reside and/or work in the USA, any investigation by an ABMS or AOA specialty board, any payer contract termination, any change in health status, any change in location of office or residence, any criminal investigation, and/or a quality denial letter concerning alleged quality problems in patient care.

3.7.4 Verification Process

Upon the receipt of a completed application form, the Medical Staff Office shall arrange to verify the qualifications and obtain supporting information relative to the application. The Medical Staff Office shall consult primary sources of information about the applicant's

---

[58] LD.03.04.01
[59] 42 C.F.R. §482.22(a)(2)

credentials, where feasible.[60] Verifications of licensure, controlled substance registration, the query of the NPDB, and queries of the OIG and GSA lists shall be done within one-hundred twenty (120) days prior to the Board receiving the application; if there are delays in completing the application, any of these verifications that were done more than one-hundred twenty (120) days before the Board is scheduled to receive the application shall be repeated. Verification may be made by a letter or computer printout obtained from the primary source or it may be verbally or electronically transmitted (e.g., telephone, facsimile, email, Internet) information when the means of transmittal is directly from the primary source to the Hospital and the verification is documented. If the primary source has designated another organization as its officially-designated agent in providing information to verify credentials, the Hospital may use this other organization as the designated equivalent source.[61] The Medical Staff Office shall promptly notify the applicant of any problems in obtaining required information. Any action on an application shall be withheld until the application is completed; meaning that all information has been provided and verified, as defined in these Bylaws.[62] The following information shall be verified for all applicants for appointment, reappointment, or clinical privileges, except as specified:

3.7.4.1 Current licensure shall be verified in all states in which the applicant currently holds a license, including the state in which Hospital is located through the applicable state licensure boards for all applicants. For new applicants, current and past licensure in other states shall also be verified through those applicable state licensure boards.[63] For applicants for reappointment or renewal of privileges, any licenses that were in effect at the time of the last appointment but are no longer in effect for any reason, shall be identified and the applicable state licensure board shall be contacted to verify circumstances regarding discontinuance of licensure. Applicant shall obtain, and provide proof of obtaining, the minimum number of Continuing Medical Education hours for validation of license renewal.

3.7.4.2 For individuals requesting prescribing privileges, federal DEA registration shall be verified through the US Department of Commerce, National Technical Information Service's electronic verification mechanism.

3.7.4.3 For individuals requesting prescribing privileges, state controlled substance registration shall be verified through the Board of Pharmacy in the state in which Hospital is located.

3.7.4.4 For new applicants, completion of medical school, internships/residency or other post-graduate programs appropriate to the applicant's healthcare profession shall be verified through the school's registrar's office, or the National Student Clearinghouse if designated by the school to provide degree verification, and/or through the ECFMG in the case of a foreign medical school graduate.[64] The American Medical Association (AMA) profile, the American Osteopathic Association (AOA) profile and/or the Federation Credentials Verification Service (FCVS) profile may also be used as a primary source of verification. For applicants for reappointment or renewal of privileges, information about the topics and content of the applicant's continuing education shall be documented and considered as related to the privileges requested.[65]

---

[60] MS.06.01.03
[61] MS.06.01.03
[62] MS.06.01.07
[63] MS.06.01.05, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[64] MS.06.01.05, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[65] MS.12.01.01

3.7.4.5 For new applicants, their internship, residency, or other applicable postgraduate training shall be verified through the program's registrar's office, program director's office or other Joint Commission/CMS-approved verification services.[66]

3.7.4.6 For new applicants, a background check, as defined by Hospital policy, shall be obtained. The background check shall be used in part to verify that the individual requesting approval is the same individual identified in the credentialing documents.[67]

3.7.4.7 Information reported pursuant to the HCQIA shall be obtained from the National Practitioner Data Bank.[68]

3.7.4.8 The OIG Sanction Report and the GSA List shall be checked to ensure that the applicant is not listed.

3.7.4.9 Professional liability insurance shall be verified through the insurance carrier.

3.7.4.10 For new applicants, information about the applicant's membership status shall be obtained from all organizations where the applicant has ever held membership or has been granted clinical privileges. For applicants seeking reappointment or renewal or increase in clinical privileges information about the applicant's membership status shall be obtained from all organizations where the applicant currently holds membership or has held clinical privileges in the past two years.

3.7.4.11 Data and information regarding professional performance shall be requested from available sources:

(1) Relevant applicant-specific data as compared to aggregate data;

(2) Morbidity and mortality data.[69]

3.7.4.12 The applicant's health status as applicable to their ability to perform the clinical privileges requested shall be verified in accordance with Article Three, Section 3.1.9, and as part of information requested from the applicant's peers, or in the case of an applicant for reappointment, from the applicant's Clinical Service Chairperson.

3.7.4.13 Letters from the applicant's peers shall be obtained. Two peer letters of reference shall be required for initial applicants. For reappointment, the Clinical Service Chief shall submit his/her recommendation based on the application for reappointment and the applicant's performance evaluation. [70] Required peer recommendations shall include written information regarding the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.[71] At least one (1) peer reference shall be from the same specialty area as the applicant. If the applicant has just completed an approved residency-training program, the peer reference requirement may be fulfilled by providing the name of the Department or Clinical Service Chief and one other Faculty member.

3.7.4.14 Before recommending privileges, the Medical Staff uses a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privileges.[72] For a new applicant or an applicant for renewal or increase in clinical privileges information regarding the applicant's

---

[66] MS.06.01.05, MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[67] MS.06.01.03
[68] 42 U.S.C §11135, 45 C.F.R §60.10
[69] MS.08.01.03
[70] MS.06.01.03, MS.06.01.07, MS.07.01.03, 42 C.F.R. §482.22(a)(2) [71] MS.06.01.05
[72] MS.06.01.05
[73] MS.06.01.05, MS.06.01.07

number of cases, treatment results and conclusions drawn from quality assessment, performance improvement activities, and other information regarding the applicant's history of meeting the criteria for membership or clinical privileges including information about ability to adhere to Hospital policies regarding personal and professional conduct, as defined in these Bylaws, shall be assembled for review. Relevant applicant-specific information from organization performance improvement activities shall be considered and compared to aggregate information when evaluating professional performance, judgment, and clinical or technical skills at the time of reappointment, or renewal or revision of clinical privileges. When renewing clinical privileges, when insufficient practitioner-specific data are available, the Medical Staff shall obtain and evaluate peer recommendations, and/or verification of good standing, privileges, and/or case documentation.[73]

3.7.4.15 Specialty board certification or an equivalent accrediting body shall be verified through consultation with the American Board Medical Specialties (ABMS), the Bureau of Osteopathic Specialists, the American Board of Podiatric Surgery (ABPS) and the American Board of Oral/Maxillofacial Surgery (ABOMS), as applicable.

3.7.4.16 With regard to new applicants for Staff membership or clinical privileges, or applicants for reappointment who are not active at the Hospital, evidence of qualifications and competence shall be verified through correspondence with the Medical Staff offices of other facilities where the applicant is affiliated and actively practicing.[74]

3.7.5 Application Processing

After verification is accomplished and the application is fully complete it shall be reviewed and processed as follows:[75]

3.7.5.1 Clinical Service/Policy Committee Report: The Medical Staff Office shall make available the application and all supporting materials to the Chairperson of each Clinical Service in which the applicant seeks privileges, and request the documented evaluation and recommendations as to the staff category, in the case of applicants for Staff membership, the Clinical Service to be assigned, the Division to be assigned if appropriate to the applicant's practice, the clinical privileges to be granted, and any concerns regarding the clinical privileges requested.[76] In the event that the applicant is the Clinical Service Chief , the Chief Medical Officer or the Chief of Staff shall make the evaluation and recommendations. Following the Clinical Service Chief(s)' evaluation and recommendations, and each Clinical Service's Policy Committee (if applicable), the report shall then be transmitted to the subcommittee(s) of the Medical Executive Committee that addresses credentialing matters for the Clinical Services in which the applicant seeks privileges. The time frame for completion of the Credentials Subcommittee report(s) shall be within 30 days of receipt of a complete application.[77]

3.7.5.2 Credentials Committee Report: The Credentials Committee shall receive from the Clinical Service Chief and review the application, supporting materials, the report of the Clinical Service Chief and any such other available information as may be relevant to the applicant's qualifications. The Credentials Committee shall prepare a written report and recommendations for the Medical Executive Committee as to Staff

---

[73] MS.06.01.07, 42 C.F.R. §482.22(a)(2)
[74] MS.06.01.03, MS.06.01.07, MS.07.01.03, 42 C.F.R. §482.22(a)(2)
[75] MS.01.01.01, MS.06.01.07
[76] MS.01.01.01, MS.06.01.07,
[77] MS.06.01.07

appointment and staff category in the case of applicants for Staff membership, the Clinical Service/Division to be assigned, the clinical privileges to be granted, and any special conditions to be placed on the clinical privileges to be granted. In the event there are any adverse recommendations, the reasons shall be stated. The time frame for completion of the Credentials Committee action shall be at the next regular meeting of the committee following receipt of the Clinical Service report, to be within 30 days.

3.7.5.3 Criteria for Additional Inquiry: Additional inquiry shall be conducted by the Clinical Service Chairman, Credentials Committee, or appropriate subcommittees thereof, or Medical Executive Committee for any of the reasons listed below. Additional inquiry may include a personal interview with the applicant, a request for a letter of explanation from the applicant, further contact with sources of information, or any other means appropriate to resolving questions about the application. The application shall be deemed incomplete until additional inquiry is completed, and questions about the following matters are explained to the satisfaction of the Clinical Service Chairman, Credentials Committee, Medical Executive Committee or Board:

(1) More than three concurrent licenses to practice (e.g., license to practice in two or more other states in addition to this State);

(2) Any evidence of an unusual pattern or excessive number of professional liability actions, to include two or more professional liability claims, settlements or judgments;[78]

(3) Inability to confirm identity;

(4) Inability to confirm legal permission to reside and/or work in the USA;

(5) Any other inconsistent or less than favorable information about the applicant's professional qualifications, competence or character, as judged by the Clinical Service Chairman, Credentials Committee, Medical Executive Committee or Board.

3.7.5.4 Medical Executive Committee Recommendation: The Medical Executive Committee shall receive from the Credentials Committee and review the application, supporting materials, the reports of the Clinical Service Chief and the Credentials Committee, and any such other available information as may be relevant to the applicant's qualifications. The Medical Executive Committee shall prepare a written report and recommendations for the Board as to Staff appointment and staff category in the case of applicants for Staff membership, the Clinical Service to be assigned, the clinical privileges to be granted, and any special conditions to be placed on the clinical privileges to be granted.[79] In the event there are any adverse recommendations, the reasons shall be stated. The time frame for the Medical Executive Committee to decide on a recommendation to the Board shall be at the next regular meeting of the committee following receipt of the Credentials Committee report, to be within 30 days.

3.7.5.5 Effect of Medical Executive Committee Recommendation

(1) Deferral: The MEC may defer making a recommendation where the deferral is not solely for the purpose of causing delay. A decision by the MEC to defer the application for further consideration shall state the reasons for deferral, provide direction for further investigation, and state time limits for such further investigation. As soon as practical after the deferral, such decision to defer the application shall be followed with a subsequent

[78] MS.06.01.07
[79] 42 C.F.R. §482.22(a)(2), MS.02.01.01

recommendation. The MEC may delegate the responsibility for further consideration to the Credentials Committee or Clinical Service Chief as deemed appropriate.

(2) Favorable Recommendation: When the recommendation is favorable, the application shall be forwarded promptly to the Board for action at the Board's next regular meeting.

(3) Adverse Recommendation: If the recommendation of the MEC is adverse under Article Seven of these Bylaws, the Chief Medical Officer shall promptly notify the applicant. Such notice shall contain the information prescribed in Article Seven of these Bylaws. In such case, the applicant shall be entitled to procedural rights provided in Article Seven of these Bylaws, and the recommendation need not be transmitted to the Board until after the applicant has exercised or waived such rights.

3.7.5.6 Board Action: Unless subject to the provisions of the Fair Hearing and appeal provisions in these Bylaws, the Board shall act on the application at its next regular meeting following receipt of the recommendation from the MEC.[80] The action of the Board shall be taken within thirty (30) days after receiving a recommendation from the MEC.

(1) If the Board adopts the recommendation of the MEC, it shall become the final action of the Hospital.

(2) If the Board does not adopt the recommendation of the MEC, the Board will refer the matter back to the MEC with instructions for further review and recommendation and a time frame for responding to the Board. If the matter is referred back to the MEC, the MEC shall review the matter and shall forward its recommendation to the Board. If the Board adopts the recommendation of the MEC, it shall become the final action of the Hospital. If the Board does not adopt the recommendation of the MEC, the MEC may request a conference with the Board officers and Medical Staff Officers for the purpose of further communicating the Board's rationale for its action and permitting the Medical Staff officers to discuss the rationale for the recommendation.

(3) If the action of the Board is adverse to the applicant, the Secretary of the Board shall promptly send written notice to the applicant. Such notice shall contain the information prescribed in Article Seven of these Bylaws. In such case, the applicant shall be entitled to procedural rights provided in Article Seven of these Bylaws, and the adverse decision of the Board shall not become final until after the applicant has exercised or waived such rights. At its next regular meeting, after all of the applicant's hearing and appeal rights under these Bylaws have been exhausted or waived, the Board shall take final action.

(4) All decisions to appoint shall include a delineation of clinical privileges, the assignment of a staff category and Clinical Service affiliation, and any applicable conditions placed on the appointment or clinical privileges. The applicant shall be so notified.

(5) Subject to any applicable provisions of Article Seven, notice of the Board's final decision shall be given in writing to the applicant within ten (10) working days of the final decision. In the event a hearing and/or appeal was held, Article Seven shall govern notice of the Board's final decision.

---

[80] 42 C.F.R. §482.12(a)(2), 42 C.F.R. §482.22(a)(2), MS.01.01.01, MS 06.01.03, MS.06.01.07

(7) Practitioner's use of consultants;[93]

(8) Performance as related to HQA core measures and other publicly-reported evidence-based practices;

(9) Malpractice and professional liability experience;

(10) Utilization of Hospital resources and facilities;

(11) Timely, legible and accurate completion of patient medical records;

(12) Professional conduct;

(13) Attendance and participation in Medical Staff committee and Clinical Service meetings;

(14) Attainment and maintenance of board certification;

(15) Maintenance of required levels of professional liability insurance coverage;

(16) Attainment of continuing education requirements; and

(17) Attribution to sentinel events, medical errors or other risk occurrences.

The Board shall be responsible for assuring the use of clinical and other measurements for the improvement of patient care. The sources for the information shall be identified by the Hospital and data quality shall be verified. Recommendations from the Medical Staff regarding their conclusions from Medical Staff and Hospital performance improvement and quality assessment shall be reported to the Board for its decision making and enforcement of actions for the improvement of patient care and execution of the quality assessment process.

3.11 PROVISIONAL STATUS AND PROCTORING

The Medical Staff shall have a process to evaluate the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the Hospital. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. This process of focused professional practice evaluation shall be a time-limited period during which the Medical Staff evaluates and determines the practitioner's professional performance. Focused professional practice evaluation may entail the use of one or more types of evaluation, including but not limited to chart review, monitoring of clinical practice patterns, simulation, clinical proctoring, external peer review, and discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel).[94] Clinical proctoring is an objective evaluation of an individual's actual clinical competence by a monitor or proctor who represents the Medical Staff and is responsible to the Medical Staff. When an initial applicant seeks clinical privileges, or an individual with existing clinical privileges seeks new privileges, or when the Medical Staff requires the individual's actual clinical competence to be evaluated for any other reason, the individual shall be proctored or observed while providing the services for which the privileges are requested. In most instances, proctors act as monitors to evaluate the technical and cognitive skills of another Practitioner and do not directly participate in patient care, have no physician/patient relationship with the patient being treated, do not receive a fee from the patient, represent the Medical Staff, and are responsible to the Medical Staff.

3.11.1 For initial appointment/initial clinical privileges: Initial appointments and initial granting of provisional clinical privileges shall be for a period of at least one year (12 months), and subject to extension for a total period not to exceed two years (24 months). A period of focused professional practice evaluation shall be implemented for all initially requested privileges.[95] Each individual subject to provisional status may be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as

---

[93] Introduction to MS.08.01.03
[94] MS.08.01.01
[95] MS.08.01.01

approved by the Clinical Service Chief of the Clinical Service with which the individual is affiliated. The provisional status individual shall be subject to focused professional practice evaluation for the number and type of cases, procedures or treatments specified by the Clinical Service as appropriate to the patient care and services provided by Clinical Service members. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's eligibility for advancement from provisional status and for exercising the clinical privileges provisionally granted. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual's performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. At the end of the provisional period the individual must qualify for and be advanced to a non-provisional status, or be extended on provisional status for an additional period not to exceed twelve (12) months. Advancement shall be based upon a favorable recommendation of the individual's Clinical Service Chief based on the Chief's review of the proctoring reports, chart reviews, peer review, and any other results of focused professional practice evaluation and a favorable recommendation of the Credentials Committee and Medical Executive Committee, and approved by the Board. No one may be on provisional status for a total period longer than twenty-four (24) months. Unless excused for good cause by the Medical Executive Committee and the Board, an individual's failure to complete the required number of cases needed to complete focused professional practice evaluation shall be deemed a voluntary relinquishment of staff membership and clinical privileges; such individual shall not be entitled to the hearing and appeal rights under these Bylaws. Failure to advance to a non-provisional status due to performance issues shall entitle the individual to the hearing and appeal rights under these Bylaws.

3.11.2 For individuals with existing privileges who are requesting new privileges: A period of focused professional practice evaluation shall be implemented for all initially requested privileges.[96] Medical Staff members or other individuals with existing clinical privileges who are requesting new privileges may be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as approved by the Chief of the Clinical Service with which the individual is affiliated. In the event new privileges are requested for which there are no other Medical Staff members or other individuals with existing clinical privileges and competence to proctor and evaluate someone in the new area of practice, the Credentials Committee, the Medical Executive Committee, and the Board shall have the option of specifying requirements for other evidence of competence, including but not limited to reports of completion of an accredited training program, evaluations from competent instructors, external peer review, and/or evidence of proctoring at another hospital. The individual requesting new privileges shall be subject to focused professional practice evaluation for the number and type of cases, procedures or treatments specified by the Clinical Service as appropriate to the new clinical privileges being requested. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the new clinical privileges granted. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual's performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. The individual's Clinical Service Chairperson shall review the proctoring reports, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentials Committee, the Medical Executive Committee, and the Board.

3.11.3 For evaluating of clinical competence for privileges previously granted: Medical Staff members or other individuals with existing clinical privileges who are identified for review of

[96] MS.08.01.01

actual clinical competence may be subject to focused professional practice evaluation[97] by one or more appropriate member(s) of the Medical Staff as approved by Chief of the Clinical Service with which the individual is affiliated. Focused professional practice evaluation may be indicated as the result of QA/PI, peer review or patient safety information, or due to inactivity with clinical privileges granted, or due to return from a leave of absence. The individual shall be subject to focused professional practice evaluation for the number and type of cases, procedures or treatments specified by the Clinical Service as appropriate to the clinical privileges subject to review. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the clinical privileges subject to review. If a proctor is assigned, the proctor shall complete a proctoring report with comments on the individual's performance. Each proctoring report will be evaluated when the case is completed in order to be aware of any undesirable trend or pattern that may be developing. The individual's Clinical Service Chief shall review the proctoring reports, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentials Committee, the Medical Executive Committee, and the Board.

3.12 PREVIOUSLY DENIED OR TERMINATED APPLICANTS

Notwithstanding any other provisions in these Bylaws, if an application is tendered by an applicant who has been previously denied membership and/or clinical privileges, or who has had membership and/or clinical privileges terminated due to lack of sufficient qualifications required to maintain membership or clinical privileges, or whose prior application was deemed incomplete and withdrawn, and it appears that the application is based on substantially the same information as when previously denied, terminated, or deemed withdrawn, then the application shall be deemed insufficient by the Credentials Committee and returned to the applicant as unacceptable for processing. If an application is tendered by an applicant who has been previously denied membership and/or clinical privileges, or who has had membership and/or clinical privileges terminated due to circumstances that have permanently disqualify the applicant for membership, as has been so designated by prior action of the Board, then the application shall be returned to the applicant as unacceptable for processing. No application shall be processed, and no right of hearing or appeal shall be available in connection with the return of such application.

3.13 MEDICO-ADMINISTRATIVE OFFICERS

3.13.1 Defined

A medico-administrative officer is a Practitioner who is employed by or contracts with the Hospital, or otherwise serves pursuant to a contract in a capacity that includes administrative responsibilities, and may also include clinical responsibilities. The Medical Director of an off-site campus of the Hospital shall maintain a day-to-day reporting relationship with the Hospital Chief Medical Officer, or other similar officer as designated by Hospital.

3.13.2 Staff Appointment, Clinical Privileges and Obligations

All individuals in administrative positions who desire Medical Staff membership or clinical privileges shall be subject to the same procedures as all other applicants for membership or privileges and shall be subject to the same obligations of Staff membership or clinical privileges, as outlined in these Bylaws.[98] Additional requirements for employment or a contractual agreement may be imposed. The Staff, as in the case of other Practitioners, shall delineate the clinical privileges of Medico-Administrative officers who request to admit and/or treat patients.

3.13.3 Effect of Removal from Office or Adverse Change in Membership Status or Clinical Privileges

---

[97] MS.08.01.01
[98] MS.03.01.01

In the event a Practitioner who is employed by or has contracted with the Hospital, or otherwise serves in a Medico-Administrative position pursuant to a contract, is subject to removal from office through the termination or expiration of employment or of the contract, full effect shall be given to any specific provisions in the contract regarding the consequence that such termination or expiration of the contract has on the Medical Staff membership and clinical privileges of the Practitioner. The underlying grounds for termination of the contract may themselves be cause for initiating adverse action under these Bylaws.

An adverse action, as defined in these Bylaws, against a medico-administrative practitioner for clinical reasons or for violation of these Bylaws shall be subject to the hearing and appeal procedures in Article Seven of these Bylaws. Pursuant to any specific provisions of the contract, such adverse change in membership status or clinical privileges may result in termination of the contract. In the event there is a conflict between the terms of the contract and these Bylaws, the terms of the contract shall control.

3.14 INDIVIDUALS PROVIDING PROFESSIONAL SERVICES BY CONTRACT OR EMPLOYMENT

3.14.1 Qualifications and Selection

Practitioners providing clinical services pursuant to a contract, agreement or other arrangement or through Hospital employment shall be subject to the same procedures as all other applicants for membership or privileges and shall be subject to the same obligations of Staff membership or clinical privileges, as outlined in these Bylaws.[99] Additional requirements for employment or an agreement may be imposed. The Staff, as in the case of other Practitioners, shall recommend the clinical privileges to admit and/or treat patients for Practitioners who are Hospital employed, or providing services through a contract, agreement or other arrangement.

3.14.2 Effect of Contract Termination on Medical Staff Membership or Clinical Privileges

The terms of any written contract between the Hospital and a Contract Practitioner or Contractor may take precedence over these Bylaws as now written or hereafter amended. Such contract may provide, for example, that the Staff membership and clinical privileges of a Contract Practitioner or individuals providing services through a Contractor are automatically terminated or modified in the event of termination of the written contract, and the Contract Practitioner or individuals providing services through a Contractor have no rights to a hearing and appeal or otherwise with regard to such termination or modification of Staff membership or clinical privileges. The underlying grounds for termination of the contract may themselves be cause for initiating adverse action under these Bylaws.

3.15 LEAVE OF ABSENCE

A Medical Staff member or Allied Health Professional (AHP) in a category not eligible for Medical Staff membership may request a voluntary leave of absence from the Staff by submitting a written notice to the Clinical Service Chief and the Chief Executive Officer. The request must state the beginning date and ending date for the period of leave desired, which may not exceed one year, and includes the reasons for the request. The Medical Executive Committee shall review and recommend leave of absence requests to the Board, but in extenuating circumstances such as military leave, the Chief Executive Officer and Chief Medical Officer shall have the authority to approve a leave of absence and their actions shall be reported to the Medical Executive Committee and Board. During the period of leave, the Staff Member or AHP in a category not eligible for Medical Staff membership shall not exercise clinical privileges at the Hospital, and membership prerogatives and responsibilities shall be in abeyance. When the reasons for the leave of absence indicate that the leave is optional, the request shall be granted at the discretion of the Medical Executive Committee based on their evaluation of the abilities of the Medical Staff to fulfill the patient care needs that may be created in the Hospital by the absence of the Medical Staff member or AHP in a category not eligible for Medical

[99] MS 03.01.01

4. ARTICLE FOUR: CATEGORIES OF THE MEDICAL STAFF

4.1 CATEGORIES

The Staff shall include active, courtesy, consulting and honorary categories. At the time of appointment and at the time of each reappointment, the Medical Staff member's staff category shall be recommended by the Medical Executive Committee and approved by the Board.[109]

4.2 LIMITATIONS ON PREROGATIVES

The prerogatives of Medical Staff membership in these Bylaws are general in nature and may be limited or restricted by special conditions attached to a Practitioner's appointment or reappointment, by state or federal law or regulations, or other provisions of these Bylaws, the Rules and Regulations, or other policies, commitments, contracts or agreements of the Hospital.

4.3 ACTIVE STAFF

4.3.1 Requirements for Active Status

The Active Staff category shall consist of Practitioners and Non-Physician Practitioners determined by the Board to be eligible for Staff membership who are full-time or part-time clinical faculty, provide services to 20 or more patients annually and who actively support the Medical Staff and the Hospital by contributing to efforts to fulfill Medical Staff functions. The Active Staff category of Practitioners and NPPs shall be responsible for oversight of care, treatment and services provided by the Medical Staff, and members in the Active Staff category shall have the requisite skills for providing such oversight.[110] To qualify for the Active Staff category, the Medical Staff member shall have contributed to fulfilling medical staff functions by completing at least two of the following types of activities during the last term of appointment, as determined by the Clinical Service Chief and approved by the Board, including during provisional status during an initial term of appointment:

- Term of office as a Medical Staff Officer or Clinical Service Chairman;
- Membership on the Board;
- Medical Staff committee chairman;
- Medical Staff committee member;
- Timely response to on-call duties when on-call;
- Serving as a proctor to a practitioner under focused professional practice evaluation;
- Serving as a physician advisor or peer reviewer;
- Timely completion of medical records (e.g., member had patient admissions and had no delinquencies in completion of their records during term of appointment);
- Serving on a Hospital committee or team/task group;
- Supervisory duties, (e.g., serving as the medical director of a Hospital Clinical Service, or supervision of a Limited Licensure Practitioner);
- Providing education to fellow Medical Staff members, (e.g., grand rounds, formal educational presentation, author of a medical staff newsletter article); or
- Supervising participants in a Hospital-sponsored professional graduate education program.

---

[109] 42 C.F.R. §482.22(c)(3)
[110] MS.03.01.01, MS.03.01.03

4.3.2 Prerogatives of Active Status

Members of the Active Staff shall be eligible to vote and hold office within the Medical Staff organization. Any Active Staff member may attend Medical Staff and Clinical Service meetings and serve on committees of the Board, Medical Staff or Hospital. Members in the Active Staff category shall compose the group defined as the Organized Medical Staff.

4.3.3 Obligations of Active Status

Each member of the Active Staff shall discharge the basic obligations of staff members as required in these Bylaws and any future changes to these Bylaws; accept emergency on-call coverage for emergency care services within his/her Medical Staff Clinical Service or Division as specified by the requirements of the assigned Medical Staff Clinical Service;[11] provide continuous care and supervision of his/her patients in the Hospital or arrange a suitable alternative; actively participate in the quality assessment and performance improvement activities of the Hospital; attend Medical Staff and Clinical Service meetings (if applicable); perform such further duties as may be required of him/her under these Bylaws or Rules and Regulations, including any future changes to these Bylaws or Rules and Regulations; and comply with directives issued by the Medical Executive Committee.

4.4 COURTESY STAFF

4.4.1 Requirements for Courtesy Status

The Courtesy Staff category shall consist of Practitioners, including telemedicine physicians and practitioners, and NPPs determined by the Board to be eligible for Staff membership who are not actively involved in Medical Staff affairs, admit less than 20 patients annually, do not routinely admit patients, attend patients or provide other clinical services for patients at Hospital and are not major contributors to fulfillment of Medical Staff functions, due to practicing primarily at another hospital or in an office-based specialty, or other reasons, but who wish to remain affiliated with the Hospital for consultation, call coverage, referral of patients, or other patient care purposes.

4.4.2 Prerogatives of Courtesy Status

Members of the Courtesy staff shall not be eligible to vote or hold office within the Medical Staff organization. A Courtesy staff member may serve on committees of the Medical Staff or Hospital and may attend Medical Staff and Clinical Service meetings, but are not required to do so. Courtesy Staff members completing at least two of the activities required for Active Staff during a current term of appointment may request advancement to the Active Staff category.

4.4.3 Obligations of Courtesy Status

Each member of the Courtesy staff shall discharge the basic obligations of staff members as required in these Bylaws; accept emergency on-call coverage for emergency care services within his/her clinical specialty as may be specified by the requirements of the assigned Medical Staff Clinical Service[12]; provide continuous care and supervision of his/her patients in the Hospital or arrange a suitable alternative; and perform such further duties as may be required of him/her under these Bylaws or Rules and Regulations.

4.5 CONSULTING STAFF

4.5.1 The Consulting Staff shall consist of those physicians and dentists who provide their expertise to consult with attending physicians on the Medical Staff concerning the medical care and treatment of the Staff member's patients. Because of their very limited, specialized activity in the Hospital, Consulting Staff members can be recommended by the Clinical Service Chief and

---

[11] 42 C.F.R. §482.55
[12] 42 C.F.R. §482.55

MEC, and approved by the Board. Consulting Staff members are not permitted to admit patients, order outpatient diagnostic tests, vote, hold office or serve on any committees, with the exception of special committees. Consulting Staff members must be reappointed every two (2) years.

4.6 HONORARY STAFF

4.6.1 Requirements for Honorary Recognition

Honorary Recognition shall be granted to Practitioners retired from professional practice who are recognized for their noteworthy contributions to the health and medical sciences, or previous long-standing service to the Hospital. Due to being retired, Practitioners with Honorary Recognition are not eligible for Medical Staff membership or clinical privileges, and therefore shall not be subject to any credentialing process.

4.6.2 Prerogatives of Honorary Recognition

Practitioners with Honorary Recognition shall be invited and welcome to attend educational and social functions of the Hospital and Medical Staff.

4.7 HOUSE STAFF

4.7.1 The House Staff shall consist of residents and fellows duly appointed to the Hospital's Post-MD Medical Training Programs. These members shall adhere to all Rules & Regulations of the Medical Staff, and the House Staff Manual. Each Clinical Service with residents and/or fellows shall develop appropriate scopes of practice for each level of training.

4.8 CHANGE IN STAFF CATEGORY

Pursuant to a request by the Medical Staff member, upon a recommendation by the Credentials Committee, or pursuant to its own action, the Medical Executive Committee may recommend a change in medical staff category of a member consistent with the requirements of the Bylaws. The Board shall approve any change in category.

4.9 MEDICAL STUDENTS, INTERNS, EXTERNS, RESIDENTS, AND FELLOWS

The terms, "medical students," "interns," "externs," "residents," and "fellows," (hereinafter referred to collectively as "house staff") as used in these Bylaws, refer to Practitioners who are currently enrolled in a graduate medical education program approved by the Medical Executive Committee and the Board, and who, as part of their educational program, will provide health care services at the Hospital. House staff shall not be considered Independent Practitioners, shall not be eligible for clinical privileges or medical staff membership, and shall not be entitled to any of the rights, privileges, or any hearing or appeal rights under these Bylaws. House staff shall be credentialed by the sponsoring medical school or training program in accordance with provisions in a written affiliation agreement between the Hospital and the school or program. Credentialing information shall be made available to the Hospital upon request and as needed by the Medical Staff in making any training assignments and in the performance of their supervisory function. The school or program shall provide a written description of the role, responsibilities, and patient care activities of participants in the training program.[113] In compliance with federal laws, it shall not be necessary to submit a query to the National Practitioner Data Bank prior to permitting a house staff Practitioner to provide services at this Hospital. House staff Practitioners may render patient care services at the Hospital only pursuant to and limited by the following:

4.9.1 Applicable provisions of the professional licensure requirements of this State;

4.9.2 A written affiliation agreement between the Hospital and the sponsoring medical school or training program; such agreement shall identify the individual or entity responsible for providing professional liability insurance coverage for a house staff Practitioner;

---

[113] MS.04.01.01

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES LLC d/b/a HOPE MEDICAL GROUP FOR WOMEN, on behalf of its patients, physicians, and staff; BOSSIER CITY MEDICAL SUITE, on behalf of its patients, physicians, and staff; CHOICE, INC., OF TEXAS d/b/a CAUSEWAY MEDICAL CLINIC, on behalf of its patients, physicians, and staff, JOHN DOE 1, M.D., and JOHN DOE 2, M.D.,

Plaintiffs,

v.

JAMES DAVID CALDWELL, in his official capacity as Attorney General of Louisiana; JIMMY GUIDRY, in his official capacity as Louisiana State Health Officer & Medical Director of the Louisiana Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,

Defendants.

Case No. _____

DECLARATION OF ROBERT GROSS IN SUPPORT OF PLAINTIFFS' APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

I, Robert Gross, declare under penalty of perjury that the following statements are true and correct:

1. I am the Vice President of the Bossier City Medical Suite ("Bossier") in Bossier City, Louisiana and have been since 1999. During that time, I have also served as Vice President of Choice, Inc., of Texas, which does business as Causeway Medical Clinic ("Causeway"), in Metairie, Louisiana. My responsibilities at Bossier and Causeway include conducting all interactions between the clinics and the Louisiana Department of Health and Hospitals (DHH). I

coordinate with the staff and physicians of both clinics to ensure compliance with licensing rules, as well as oversee day-to-day operations. I also assist physicians with administrative matters, including their applications for admitting privileges at local hospitals.

2. I submit this declaration in support of Plaintiffs' Application for Temporary Restraining Order and Motion for Preliminary Injunction.

3. I have read H.B. 388, which is scheduled to go into effect on September 1, 2014. It provides that any physician who provides abortion services must have admitting privileges at a hospital within 30 miles of the facility in which the abortion is performed. For the reasons set forth below, it is impossible for the physicians at Bossier and Causeway to obtain admitting privileges at a local hospital before September 1, 2014. Therefore, if this law goes into effect on September 1, 2014, the physicians at Bossier and Causeway will no longer be able to provide abortion care and the clinics will be forced to close.

4. Bossier and Causeway are reproductive health care facilities that offer abortion care through 21.6 weeks of pregnancy, as calculated by the first day of a woman's last menstrual period. Bossier provides surgical and medication abortions. Causeway offers surgical abortions only. Bossier and Causeway also provide other gynecological care, including pregnancy testing, cancer screening, and contraception.

5. Dr. John Doe 2 is the sole abortion provider at Bossier. At Causeway, Dr. John Doe 2 performs approximately 25% of the clinic's abortion procedures and Dr. John Doe 4 performs approximately 75%. Each of these doctors has a license to practice medicine and is in good standing with the Louisiana State Board of Medical Examiners.

6. Bossier and Causeway, and their medical and administrative staff, are continually harassed by anti-abortion groups and are subjected to threats of harm. The protesters impede the

patients' access to the clinics and confront women who seek care. Such groups assemble outside Causeway nearly every day. They protest outside Bossier frequently.

7. Bossier and Causeway serve patients who live in and around Louisiana, as well as to women who travel to Bossier and Causeway from Texas, Mississippi and Arkansas.

8. Louisiana law requires that abortion providers perform informed consent information sessions at least 24 hours before an abortion is performed. In addition to having an ultrasound and speaking with the doctor as required by law, each woman is told what to expect on the day of the procedure, and reviews the aftercare instructions with a staff member.

9. Bossier has performed approximately 4,171 abortions since 2009. Causeway has performed approximately 10,836 abortions since 2009. During that period, only two Bossier patients and one Causeway patient have required hospitalization following an abortion.

10. Bossier and Causeway each have protocols for handling complications such as uterine perforation, excessive bleeding, persistent hypotension, extensive vaginal or cervical lacerations, convulsive disorder, among other examples. Clinic staff must notify the clinic director immediately as soon as such complications arise. Clinic medical staff will perform appropriate emergency measures, such as starting an IV, administering medication, or administering oxygen. After the doctor has determined that the patient needs to be transferred to the hospital, the director will request emergency services via telephone. A copy of the patient's record or an abstract will be prepared to accompany the patient to the hospital.

11. In every case, Bossier and Causeway provide aftercare instructions to each patient explaining how to appropriately self-monitor and take proper care after the procedure and describing the types of conditions that the patient should contact the clinic about should they occur. The clinic staff at Bossier and Causeway provides each patient a number the patient can

call in case of an emergency. This number is answered either by the staff, when the clinic is open, or by an answering service after hours, who will contact the nurse on call, who can be in contact with a doctor if necessary.

12. Neither of the physicians who perform abortions at Bossier or Causeway currently has admitting privileges at any hospital within 30 miles of either facility.

13. I have identified and contacted the hospitals within 30 miles of Bossier and Causeway to determine whether each hospital's by-laws and applications were available. Based on my follow-up correspondence, as set forth below, it is very unlikely that either doctor will be able to obtain admitting privileges before the September 1, 2014 compliance date for H.B. 338.

14. There are six hospitals within 30 miles of Bossier: University Health Shreveport, Willis Knighton Health System, Christus Health System, Minden Medical Center, North Caddo Hospital, and Promise Healthcare Hospital of Shreveport.

15. There are twelve hospitals within 30 miles of Causeway: East Jefferson General Hospital, West Jefferson Medical Center, University Medical Center, Ochsner Baptist Medical Center, Ochsner Medical Center, Ochsner Medical Center West Bank, Touro Infirmary, Tulane Medical Center, Omega Hospital, St. Bernard Parish Hospital, St. Charles Parish Hospital, and Oschner Foundation Hospital.

16. Several of these hospitals do not meet the statutory requirements of H.B. 388. The statute requires that a qualified hospital must "provide[] obstetrical and gynecological health care services," must be licensed by the DHH, and must have "the ability to admit a patient and to provide diagnostic and surgical services to such patient consistent with the requirements of Paragraph (A)(1) of this Subsection." R.S. 40:1229.35.2(A)(2)(a). Promise Healthcare Hospital of Shreveport, St. Bernard Parish Hospital, and St. Charles Parish Hospital do not meet these

requirements, because they do not offer OB-GYN services.

17. Oschner Foundation Hospital is a closed system, in which admitting privileges are only granted to hospital-employed physicians.

18. I worked with both Dr. Doe 2 and Dr. Doe 4 to obtain copies of the bylaws for many of the qualifying hospitals in order to determine how to apply for admitting privileges. I requested and received the bylaws from East Jefferson Hospital and Touro Infirmary (relevant excerpts of which are attached hereto as Attachments 1 and 2). Dr. Doe 4 requested and received the bylaws from Ochsner-Kenner Medical Center (relevant excerpts of which are attached hereto as Attachment 3). The other hospitals, including West Jefferson Medical, University Hospital, Ochsner Medical Center West Bank, Ochsner Baptist Medical Center, and Tulane Medical Center, do not make the bylaws available until after a physician has requested an application.

19. Based on my experience and my review of the bylaws, I understand that hospitals have broad discretion to deny admitting privileges applications, and that hospitals may take as many as six months, if not longer, to process a physician's application for admitting privileges.

20. Despite these obstacles, Dr. Doe 2 and Dr. Doe 4 have applied to several qualifying hospitals for admitting privileges. The status of these applications is as follows:

- Dr. Doe 2 applied to Willis Knighton Bossier City Hospital on May 12, 2014.
- Dr. Doe 2 submitted a pre-application at Tulane Hospital on August 6, 2014, and is awaiting receipt of a full application.
- Dr. Doe 4 applied to Ochsner-Kenner Medical Center on August 6, 2014.

No response has been received on any of these applications.

21. I do not expect that either doctor will receive a final decision on any of these

applications before September 1, 2014.

22. If H.B. 388 goes into effect on September 1, 2014, Bossier and Causeway will have no choice but to stop providing abortion services because neither of the two practicing physicians will have the required admitting privileges. Bossier and Causeway will be forced to cancel all patient appointments scheduled for September 1, 2014 and later dates if H.B. 388 goes into effect. And, Bossier and Causeway will close.

23. By forcing Bossier's and Causeway's closure, H.B. 388 will also deprive me of my employment and professional livelihood.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on August 21, 2014 in Sherman, TX.

Robert Gross

ROBERT GROSS

Attachment 1

East Jefferson General Hospital
MEDICAL STAFF BYLAWS

PREAMBLE

These Bylaws are adopted in order to provide for the organization of the Medical Staff of East Jefferson General Hospital and to provide a framework for the self-government of the Medical Staff in order to permit the Medical Staff to discharge its responsibilities and to govern the orderly resolution of those purposes. These Bylaws provide the professional and legal structure for (a) Medical Staff operations; (b) organized Medical Staff relations with the Board of Directors and the Hospital; and (c) relations with applicants to and members of the Medical Staff.

DEFINITIONS

1. a. ALLIED HEALTH ADVANCED PRACTICE PROFESSIONAL (APP) means an individual, licensed in the State of Louisiana, who is not a Physician as defined herein, but who is qualified by academic and clinical training to provide direct patient care services. The APP who engages in medical diagnosis and management shall have a Collaborative/Supervising Practice Agreement as required by licensure and functions under the direction and supervision of a designated member of the Medical Staff. The Advanced Practice Professional (APP) includes licensed Advanced Practice Registered Nurses [Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Mid-Wife] and licensed Physician Assistants (PA). The APP's credentials and privileges are governed by the Medical Staff as provided in Bylaws Article 4.8

   b. ALLIED HEALTH – CLINICAL ASSISTANT (CA) means an individual (who is not employed by the Hospital and not a physician or APP as defined herein) but who is qualified by academic and clinical training to provide patient care services in a clinical or supportive role within approved practice guidelines while under the direct supervision of a member of the Medical Staff. The patient care services performed by Clinical Assistants are governed by the Allied Health Credentialing Committee (AHCC) in accordance with rules and procedures approved by the Medical Executive Committee.

2. AUTHORIZED REPRESENTATIVE or HOSPITAL'S AUTHORIZED REPRESENTATIVE means the individual designated by the Hospital and approved by the Medical Executive Committee to provide information to and request information from the National Practitioner Data Bank according to the terms of these Bylaws.

3. BOARD OF DIRECTORS or BOARD (for the purposes of these Bylaws) means the governing body of East Jefferson General Hospital.

4. CHIEF MEDICAL OFFICER means a physician member of the Medical Staff, by whatsoever title he or she may be known or designated, employed or under contract

ARTICLE II
CATEGORIES OF MEMBERSHIP

2.1 CATEGORIES

The categories of the Medical Staff shall include the following: active, courtesy, administrative medical resident, members without privileges and emeritus. At each time of membership renewal, the member's staff category shall be determined.

2.2 ACTIVE STAFF

2.2-1 QUALIFICATIONS

The active Medical Staff shall consist of members who:

(a) meet the general qualifications for membership set forth in Section 1.2; and

(b) regularly care for patients in this Hospital and/or are regularly involved in Medical Staff functions, as determined by the Medical Executive Committee and set forth in the Medical Staff rules and regulations;

2.2-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an active Medical Staff member shall be to:

(a) admit patients and exercise such clinical privileges as are granted pursuant to and in accordance the provisions with Article IV;

(b) attend and vote on matters presented at general and special meetings of the Medical Staff and of the Department, Division and committees of which he is a member; and

(c) hold Medical Staff, Division, or Department office and serve as a voting member of committees to which he or she is duly appointed or elected by the Medical Staff or a duly authorized representative thereof.

2.2-3 TRANSFER OF ACTIVE MEDICAL STAFF MEMBER

After two consecutive years in which a member of the active Medical Staff fails to regularly care for patients in this Hospital and/or be regularly involved in Medical Staff functions as determined by the Medical Executive Committee, that member shall be automatically transferred to the appropriate Medical Staff category, if any, for which the member is qualified.

2.3 THE COURTESY MEDICAL STAFF

2.3-1 QUALIFICATIONS

The courtesy Medical Staff shall consist of members who:

(a) meet the general qualifications set forth in Section 1.2;

(b) do not regularly care for patients in the Hospital or are not regularly involved in Medical Staff functions as determined by the Medical Staff;

(c) provide evidence of clinical performance and patient care at the member's principal institution in such form as may be required by the Medical Staff in order to allow a judgment to be made of the member's ability to exercise the requested clinical privileges.

2.3-2 PREROGATIVES

Except as otherwise provided, the courtesy Medical Staff member shall:

(a) be entitled to admit patients to the Hospital and exercise such clinical privileges as are granted pursuant to Article IV;

(b) be entitled to attend in a non-voting capacity meetings of the Medical Staff and the Department and/or Division of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings;

(c) not be eligible to hold office in the Medical Staff.

2.3-3 LIMITATION

Courtesy Medical Staff members who admit or regularly care for patients at the Hospital shall, upon review of the Medical Executive Committee, be required to either seek membership in the appropriate Medical Staff category during the next membership period or discontinue membership.

2.4 AFFILIATE MEMBERS

2.4-1 QUALIFICATIONS

Affiliate Members without privileges shall consist of members who:

(a) meet the general qualifications for membership set forth in Section 1.2
(b) have had no patient contacts in the previous two years at the time of recredentialing.

2.4-2 PREROGATIVES

Except as otherwise provided in these Bylaws, initial membership in the Medical Staff shall be for a period of 2 years. Each membership renewal shall be for a period of up to two years.

3.5 MEMBERSHIP APPLICATION

3.5-1 APPLICATION FORM

A membership application form shall be developed and changed as needed by the Medical Executive Committee. The form shall require detailed information which shall include, but not be limited to, information concerning:

(a) the applicant's qualifications, including, but not limited to, professional training and experience, current licensure, current Drug Enforcement Agency (DEA) registration, and continuing medical education information related to the clinical privileges to be exercised by the applicant;

(b) peer references familiar with the applicant's professional competence and ethical character;

(c) requests for membership categories, Department, Division and clinical privileges;

(d) past or pending professional disciplinary action, licensure limitations, current exclusion by any federal or state funded health plan, including Medicare and Medicaid or related matters;

(e) physical and mental health status limited to information which affects quality of care and ability to provide patient care within the Hospital;

(f) settlements, judgments or payments made in a medical liability action or potential action;

(g) medical review panel findings in which the applicable standard of care was not met; and

(h) professional liability coverage, if any is required.

Each application for initial Medical Staff membership shall be in writing, submitted on the prescribed form with all responses provided and provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant. When an applicant requests a membership application form, that person shall be given a copy of these Bylaws, the Medical Staff rules and regulations, the Hospital corporate Bylaws and summaries of any other Medical Staff policies relating to clinical practice in the Hospital.

3.5-2 EFFECT OF APPLICATION

In addition to the matters set forth in Section 3.1, by applying for Medical Staff membership each applicant:

(a) signifies willingness to appear for interviews in regard to the application;

(b) authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;

(c) consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

(d) releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in good faith and without malice in connection with the investigation and evaluation of the applicant;

(e) releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;

(f) consents to the disclosure to other hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing that the Hospital or Medical Staff may have or later acquires, and releases the Medical Staff and Hospital from liability for so doing in good faith and without malice to the fullest extent permitted by law;

(g) if a requirement then exists for Medical Staff dues, acknowledges responsibility for timely payment;

(h) pledges to provide continuous quality care for patients;

(i) pledges to maintain an ethical practice, including accepting no illegal inducements for patient referral, seeking consultation whenever necessary, and not delegating patient care responsibility to non-qualified or inadequately supervised practitioners;

(j) pledges to abide by the Medical Staff Bylaws, rules and regulations and the Hospital Rules and Regulations adopted in accordance with section 14.7, as shall be in force from time to time during any period of Medical Staff membership;

(k) agrees to provide to the Medical Staff new and updated information regarding all questions on the application form.

3.5-3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the Medical Staff officer and an advance payment of Medical Staff dues or fees, if any is required. The Medical Director shall be notified of the application, review the application and makes a recommendation to the appropriate Division Chief and Department Chairperson.

In connection with such application the Medical Staff office shall expeditiously seek to collect or verify the references, licensure status, and other evidence submitted in support of the application. The Hospital's authorized representative may query the National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the applicant's or member's credentials file. The applicant shall be notified of any problems, if any, in obtaining the information required, and then it shall be the applicant's obligation to obtain the required information. When such collection and verification is accomplished, and the application file is deemed complete, it shall be transmitted to the Credentials Committee and the appropriate Department(s) or Divisions, where applicable.

3.5-4 DIVISION AND DEPARTMENT ACTION

After receipt of the application and other information relative to the applicant and his application, the Chief, or appropriate committee of each Division and the Chair of each Department of the Medical Staff to which the application is submitted, shall review the application and supporting documentation, and may conduct a personal interview with the applicant at the Chief's or Chair's or committee's discretion or shall conduct an interview at the request of the applicant. The Chief or Chair or appropriate committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges granted, and the applicant's participation in relevant continuing education and shall transmit to the Credentials Committee a written report and recommendation as to membership and, if membership is recommended, as to membership category, Department and Division affiliation, and clinical privileges to be granted, and any special conditions to be attached. The Chief or Chair may request that the Medical Executive Committee defer action on the application.

3.5-5 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, evaluate and verify the supporting documentation, the Department Chair's and the Division Chief's report and recommendations, and other relevant information. The Credentials Committee may elect to interview the applicant and seek additional

information. If the applicant requests an interview, the Credentials Committee shall grant the request. As soon as practicable, the Credentials Committee shall transmit to the Medical Executive Committee a written report and its recommendations as to membership and, if membership is recommended, as to membership category, Division and Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership. The committee may also recommend that the Medical Executive Committee defer action on the application.

3.5-6 MEDICAL EXECUTIVE COMMITTEE ACTION

At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practicable, the Medical Executive Committee shall consider the report and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The Medical Executive Committee shall forward to the Board of Directors, a written report and recommendation as to Medical Staff membership and, if membership is recommended, as to membership category, Division and Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership and the reasons for each recommendation shall be stated. The committee may also defer action on the application.

3.5-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

(a) Favorable Recommendation: When the final recommendation of the Medical Executive Committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the Board of Directors.

(b) Adverse Recommendation: When a final recommendation of the Medical Executive Committee is adverse to the applicant, the Board of Directors and the applicant shall be promptly informed by written notice. The applicant shall then be entitled and governed by the procedural rights as provided in Article VI.

3.5-8 ACTION ON THE APPLICATION

The Board of Directors may accept the recommendation of the Medical Executive Committee or may refer the matter back to the Medical Executive Committee for further consideration, stating the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation. The following procedures shall apply with respect to action on the application:

(a) If the Medical Executive Committee issues a favorable recommendation, the Board of Directors shall affirm the recommendation of the Medical Executive Committee if the Board reasonably determines that the Medical Executive Committee's decision is supported by the relevant facts.

(1) If the Board of Directors concurs in that recommendation, the decision of the Board shall be deemed final action.

(2) If the tentative final action of the Board of Directors is unfavorable, the CEO shall give the applicant written notice of the **tentative final action** and the applicant shall then be entitled to and governed by the procedural rights set forth in Article VI. If the applicant waives his or her procedural rights, the decision of the Board of Directors shall be deemed final action.

(b) In the event the recommendation of the Medical Executive Committee, or any significant part of it, is unfavorable to the applicant the procedural rights set forth in Article VI shall apply.

(1) If the applicant waives his or her procedural rights, the recommendations of the Medical Executive Committee shall be forwarded to the Board of Directors for final action, which shall affirm the recommendation of the Medical Executive Committee if the Board reasonably determines that the Medical Executive Committee's decision is supported by the relevant facts.

(2) If the applicant requests a hearing following the adverse Medical Executive Committee recommendation pursuant to Section 3.5-8(b) or an adverse Board of Directors tentative final action pursuant to 3.5-8(a)-(2), the Board of Directors shall take final action only after the applicant has exhausted his or her procedural rights as established by Article VI. After exhaustion of the procedures set forth in Article VI, the Board shall make a final decision and shall affirm the decision of the hearing committee if the Board reasonably determines that the hearing committee's decision is supported by the relevant facts, following a fair procedure and hearing. The Board's decision shall be in writing and shall specify the reasons for the action taken.

3.5-9 NOTICE OF FINAL DECISION

(a) Notice of the final decision shall be given to the Chief of Staff, the Medical Executive Committee and the Credentials Committees, the Department Chair and Division Chief concerned, the applicant, and the CEO.

(b) Notice granting membership shall include, if applicable: (1) the staff category of which the applicant is to be a member; (2) the Department and Division to which that person is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the appointment.

3.5-10 REAPPLICATION AFTER ADVERSE DECISION

An applicant who has received a final adverse membership decision shall not be eligible to reapply to the Medical Staff for a period of two years, unless the

applicant can clearly demonstrate that the basis for the previous denial no longer exists. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

3.5-11 TIMELY PROCESSING OF APPLICATIONS

Applications for membership in the Medical Staff shall be considered and any action taken thereon shall be done in a timely manner by all persons and committees as required by these Bylaws. While special or unusual circumstances may constitute good cause and warrant exceptions to this requirements, the following time periods provide a guideline for routine processing of applications:

(a) evaluation, review, and verification of application and all supporting documents: 30 days from receipt of all required documentation;

(b) review and recommendation by the appropriate Department(s) and/or Divisions: 30 days after receipt of all required documentation by or from the Medical Staff office;

(c) review and recommendation by Credentials Committee: 30 days after receipt of all required documentation from the said Department(s) and Division(s);

(d) review and recommendation by Medical Executive Committee: 30 days after receipt of all required documentation from the Credentials Committee; and

(e) final action: an action by the Board of Directors at its next following meeting, or thereafter, if circumstances require, and after receipt by the Board of any documents provided by the Medical Executive Committee.

3.6 MEMBERSHIP RENEWAL AND REQUESTS FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES

3.6-1 APPLICATION

(a) At least 4 months prior to the expiration date of any current Medical Staff membership (except for temporary membership), a membership renewal form developed by the Medical Executive Committee shall be mailed or delivered to the member. If a membership renewal application is not received at least 60 days prior to the expiration date, written notice shall be promptly sent by the Medical Staff office to the applicant advising that the application has not been

received. At least 45 days prior to the expiration date, each Medical Staff member shall submit to the Medical Staff office the completed membership renewal application for the next following year, and for the renewal or modification of clinical privileges. The membership renewal application form shall include all information required to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 3.5-1, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth commencing at Section 3.5-3.

(b) A Medical Staff member who seeks a change in his Medical Staff status or modification of clinical privileges may submit such a request at any time upon a form developed by the Medical Executive Committee, except that such application may not be filed within 60 days of the time a similar request has been denied.

3.6-2 EFFECT OF APPLICATION

The effect of an application for Medical Staff membership renewal or modification of Medical Staff status or privileges is the same as that set forth in Section 3.5-2.

3.6-3 STANDARDS AND PROCEDURE FOR REVIEW

When a Medical Staff member submits his first application for reappointment, and every two years thereafter, or when the member submits an application for modification of Medical Staff status or clinical privileges, the member shall be subject to an in-depth review generally following, but not limited to, the procedures set forth in Sections 3.5-2 through 3.5-11 and other such applicable provisions of these Bylaws.

3.6-4 FAILURE TO FILE MEMBERSHIP RENEWAL APPLICATION

Failure to timely file a completed membership renewal application shall result in the automatic suspension of the member's admitting privileges and expiration of his practice privileges and prerogatives at the end of the current Medical Staff membership. If the member fails to submit a completed application for reappointment within 30 days past the date it was due, the member shall be deemed to have resigned his membership in the Medical Staff. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VI shall not apply.

3.7 LEAVE OF ABSENCE

3.7-1 LEAVE STATUS

At the discretion of the Medical Executive Committee, a Medical Staff member may obtain a voluntary leave of absence from the staff upon submitting a written request to the Medical Staff office, requesting the

Attachment 2

Here. For Life. touro™

MEDICAL STAFF BYLAWS

TOURO INFIRMARY

1401 Foucher Street
New Orleans, LA 70115

Revised: November 19, 2013
Approved: December 5, 2013

2.2.13. To assist the Governing Board by serving as a professional review body in conducting professional review activities, which include, without limitation, focused professional practice evaluations, ongoing professional practice evaluations, quality assessment, performance improvement, and peer review.

2.2.14. To maintain compliance of the Medical Staff with regard to applicable accreditation requirements and applicable Federal, State, and local laws and regulations.

2.3. SELF GOVERNANCE

Self-governance of the Touro Infirmary Medical Staff shall include, but not be limited to, the following rights:

2.3.1. Establishment of criteria and standards for Medical Staff membership and privileges, and mechanisms to enforce those criteria and standards as outlined in the Bylaws, Rules and Regulations, and/or additional policies.

2.3.2. Establishment of clinical criteria and standards to oversee and manage quality patient care, treatment, services, quality improvement, utilization review, and other Medical Staff activities including, but not limited to, periodic meetings of the Medical Staff and its committees and review and analysis of patient medical records as outlined in the Bylaws, Rules and Regulations, and/or additional policies.

2.3.3. Selection and removal of Medical Staff Officers.

2.3.4. Assessment of Medical Staff dues and the appropriate utilization of such funds.

2.3.5. The ability to retain and be represented by independent legal counsel at the expense of the Medical Staff.

2.3.6. Initiating, developing, and adopting Medical Staff Bylaws and amendments thereto, subject to the approval of the Governing Board, which approval shall not be unreasonably withheld.

ARTICLE THREE: APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF

3.1. NATURE OF MEMBERSHIP AND GENERAL QUALIFICATIONS

3.1.1. Membership

3.1.1.1. Based upon the needs of the community served by Touro Infirmary, membership on the Medical Staff may be extended to physicians who continuously meet the requirements, qualifications, and responsibilities set forth in these Bylaws and who are appointed by the Touro Infirmary Governing Board. Membership on the Medical Staff or clinical privileges shall not be granted or denied on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identify or expression provided the individual is competent to render care of the generally-recognized professional level of quality established by the Medical Executive Committee and the Touro Infirmary Governing Board. No one shall admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff or has been granted temporary or emergency privileges in accordance with the procedures set forth in these Bylaws.

3.1.1.2. Members of the *housestaff* of Touro Infirmary shall not be eligible for membership on the Medical Staff or for privileges in the area in which they are in

clinical training, and shall be under the supervision of the Division Directors and the attending physician. A Division Director may request privileges for trainees of Touro Infirmary to perform clinical work in the medical discipline for which they have had previous training if the privilege requested is unrelated to the area of their current training. Such applicants must meet all requirements, qualifications, and responsibilities of the Medical Staff, and are subject to such policies as may be established by the Division Director(s). Members of the *housestaff* are expected to participate in the continuous quality improvement program of their department and the Hospital and follow all guidelines in congruence with graduate medical education programming.

3.1.1.3. House Physicians are credentialed as Active Medical Staff Members to provide urgent care to inpatients after hours and on weekends. House Physicians do not have admitting privileges. Employment as a House Physician is terminated at the completion of the individual's training, unless alternate arrangements are requested and granted by Hospital Administration.

3.1.2. Effect of Other Affiliations

No physician shall be automatically entitled to Medical Staff membership or to exercise any particular clinical privilege merely because he/she holds a certain degree; is licensed to practice in Louisiana or any other state; is a member of any professional organization; is certified by any clinical board; previously had membership or privileges at Touro Infirmary; or had, or presently has, staff membership or privileges at another health care facility. Medical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, hospital-sponsored foundation, or on a practitioner's opting in or out of Medicare and Medicaid participation.

3.2. HOSPITAL NEED AND ABILITY TO ACCOMMODATE

The Governing Board may decline to accept requests for medical staff membership and/or particular clinical privileges on the basis of the reasons listed in 3.2.1 and 3.2.2. Refusal to accept or review these requests shall not constitute a "denial of Medical Staff membership or clinical privileges. As such, denials for these reasons shall not entitle the individual to any procedural rights of hearing or appeal.

3.2.1. LACK OF FACILITIES/SUPPORT SERVICES

Medical staff membership or a clinical privilege may be denied if the resources or facility are not currently available or available within a specified time frame. Resource considerations shall include whether there is sufficient space, equipment, staffing, financial resources or other necessary resources to support each requested privilege.

3.2.2. EXISTENCE OF EXCLUSIVE CONTRACTS

Membership or clinical privileges may be denied to an otherwise qualified applicant if the Hospital has an existing exclusive contract for the particular service that prohibits the applicant from practicing in the requested capacity.

In the event the Governing Board has determined that certain services shall be provided and or certain equipment/facilities be used pursuant to an exclusive written contract, the practitioner providing such services or using the equipment/facilities pursuant to such exclusive contract will be requested to become an appointee to the Medical Staff in the manner followed by all other applicants. All provisions of the Hearing Procedure will apply to such practitioner unless his or her contract provides otherwise. In the event of the termination of his/her contract, no practitioner will have his/her Medical Staff

privileges terminated without the same fair hearing process afforded any other appointee of the Medical Staff unless it is otherwise stated in the contract.

3.3. REQUIREMENTS FOR MEDICAL STAFF MEMBERSHIP

3.3.1. Basic Requirements Necessary for Initial Application Review
Excluding Honorary Staff applicants, Medical staff applicants must document the elements listed below to obtain or maintain membership on the Medical Staff, or be granted clinical privileges. Failure to do so will result in summary dismissal of the application. An applicant who does not meet the basic qualifications is not entitled to the procedural rights set forth in Article Seven, but may submit comments and a request for reconsideration of the specific qualifications that adversely affect such practitioner. The comments and request shall be reviewed by the Medical Executive Committee and the Governing Board, which shall have the sole discretion whether to consider any changes in the basic qualifications or to grant a waiver.

3.3.1.1. A current and active unrestricted certificate or license to practice medicine, oral/maxillofacial surgery, dentistry, or podiatry in the State of Louisiana.
3.3.1.2. Eligibility to participate in the Medicare, Medicaid and other federally sponsored health programs.
3.3.1.3. Professional liability insurance which covers all privileges requested. The applicant either shall be a qualified via the Louisiana Patient Compensation Fund or maintain equivalent coverage. The Medical Executive Committee and the Governing Board reserves the right to reject any particular insurance carrier solely at their joint discretion.
3.3.1.4. Successful completion of an ACGME or an AOA approved residency/fellowship program.
3.3.1.5. A current, non-restricted State Narcotics License
3.3.1.6. A current, non-restricted Drug Enforcement Agency registration.

3.3.2. General Competencies
In order to obtain or maintain membership on the Medical Staff or be granted clinical privileges, applicants must demonstrate general competence to the following areas:

3.3.2.1. Patient Care
- 3.3.2.1.1. Documentation of current competence in their respective field
- 3.3.2.1.2. Documentation of the ability to perform the clinical privileges requested
- 3.3.2.1.3. Provision of continuity of patient care that meets professional standards
- 3.3.2.1.4. Participation in emergency or other Division coverage as specified in the requirements of the Division of which they are a member or any consultation panel responsibilities as may be determined by the Medical Executive Committee President or Division Director

3.3.2.2. Medical/Clinical Knowledge
- 3.3.2.2.1. Demonstration of relevant clinical training and/or experience

3.3.2.3. Practice-based learning and improvement
- 3.3.2.3.1. Fulfillment of necessary continuing education requirements for licensure
- 3.3.2.3.2. Participation in quality assurance and quality improvement activities of the Medical Staff and the Division of which they are a member, and hold knowledge of the content of these activities as strictly confidential

3.5.11. Submit relevant information pertaining to the applicant's physical and mental health.
3.5.12. Submit information pertaining to his/her voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges. A voluntary termination is considered a disciplinary action when the relinquishment is done to avoid an adverse action, preclude an investigation, or is done while the licensee is under investigation related to professional conduct.
3.5.13. Acknowledge that he/she has received a copy (or has been given access to), and read the Medical Staff Bylaws and Rules and Regulations, and Division requirements, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, if he/she is granted membership or clinical privileges, and to be bound by the terms thereof without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of this application.
3.5.14. Agree to appear for such interviews and provide such additional information as may be requested by the President of the Medical Staff, Division Director, Credentialing Committee, Medical Executive Committee, or Governing Board.
3.5.15. Release from liability all representatives of the hospital and the Medical Staff for their acts performed in good faith in evaluating the applicant's qualifications.
3.5.16. Release from liability all individuals and organizations who in good faith provide information to the hospital and its Medical Staff concerning the applicant, including otherwise privileged or confidential information.
3.5.17. Pay credentialing fees for initial application or for reappointment application. Failure to pay required fees will deem the application to be incomplete.
3.5.17.1. For new applicants, applications will be considered withdrawn and not processed.
3.5.17.2. For reappointments, Medical Staff members will be processed as a voluntary resignation.

3.6. APPLICANT'S BURDEN

3.6.1. The applicant for appointment or reappointment shall have the continuing burden of producing complete, accurate and adequate information for a proper evaluation of his/her qualifications. This includes satisfying all requirements specified in the Medical Staff Bylaws and Rules and Regulations as well as producing any additional information requested by the President of the Medical Staff or the Medical Staff Office. This burden may include submission to a medical, psychiatric, or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee which may select the examining practitioner. The applicant's failure to sustain this burden and/or the provision of information containing any misrepresentations or omissions shall be grounds for denial of the application or subsequent termination, suspension or limitation of membership or privileges under Article Six of these Bylaws. The President of the Medical Staff, Chief Medical Officer or Medical Staff Office shall notify the applicant of any areas of incompletion and/or failure of others to respond to such information collection or verification efforts within forty-five (45) days of when the initial application is received, and it shall then be the applicant's obligation to obtain all required information.

3.6.2. Failure to complete the application and/or to submit any additional requested information within thirty (30) days of a request therefore by the President of the Medical Staff or the Medical Staff Office may, at the sole discretion of the President of the Medical Staff, be deemed a voluntary withdrawal of the application and not subject to challenge under Article Seven of these Bylaws.

3.7. PROCESS FOR CONSIDERATION OF APPLICATION

3.7.1. The procedure for consideration for appointment to the Medical Staff shall be outlined in these Bylaws and furthered detailed in the Credentialing Manual.

3.7.2. After an examination of the completed application and all supporting material, the Credentialing Committee shall transmit a written or verbal report to the Medical Executive Committee, along with supporting materials, which shall indicate, on the basis of its evaluation of the applicant's competence, ability to perform the clinical privileges requested, character, health, and ethics, its recommendations and the reasons therefore, as to:

3.7.2.1. Whether the applicant should be appointed to the Medical Staff.

3.7.2.2. What specifically delineated clinical privileges should be granted to the applicant, and in which Division or Department.

3.7.3. Upon receipt of the recommendations of the Credentialing Committee, the Medical Executive Committee shall review this information, conduct any further investigation regarding the applicant's character, competence, health, and ethics it deems appropriate, and:

3.7.3.1. Provide Touro Infirmary's Governing Board with a recommendation that the applicant be appointed to the Medical Staff with the specific privileges requested; or

3.7.3.2. Provide Touro Infirmary's Governing Board with a recommendation that the applicant be appointed to the Medical Staff, but not with all the specific clinical privileges requested; or

3.7.3.3. Provide Touro Infirmary's Governing Board with a recommendation that the applicant shall not be appointed to the Medical Staff.

3.7.4. In the event the Medical Executive Committee takes actions described in Section 3.7.3.2. or Section 3.7.3.3. above, the applicant shall be notified of the adverse recommendation and of his/her right to request a fair hearing under Article Seven. No final action shall be taken by Touro Infirmary and the Governing Board until the applicant has waived or exhausted his/her hearing rights.

3.7.5. Upon receipt of the applicant's information and recommendation from the Medical Executive Committee, Touro Infirmary's Governing Board shall act upon the application and shall notify the applicant of its decision. The Governing Board may either adopt the Medical Executive Committee's decision or refer the matter back to the Medical Executive Committee for further proceedings. If the decision of the Governing Board is to appoint the applicant to the Medical Staff, the Governing Board shall approve the specific privileges to be granted the Medical Staff member. The Governing Board shall give great weight to the actions and recommendations of the Medical Executive Committee and, in no event, shall act in an arbitrary and capricious manner. When Touro Infirmary's Governing Board has adopted the decision, it shall be considered the final decision of the Hospital.

3.7.6. All decisions by Touro Infirmary's Governing Board approving or disapproving the appointment or reappointment of an applicant shall be forwarded in writing to the applicant.

3.7.7. In the event of an unwarranted delay in the application process, Touro Infirmary and the Governing Board may act on a properly completed application without the recommendation of the Medical Executive Committee, Credentialing Committee and/or Division Directors upon the request of the applicant. For the purpose of this Section, unless specifically waived in writing by the applicant, unwarranted delay shall mean one-hundred and eighty (180) days from the date that the properly completed application has been received. In all cases the decision to appoint or reappoint shall be based upon the same information as is usually considered by the President of the Medical Staff, the Credentialing Committee, and Medical Executive Committee.

3.7.8. Touro Infirmary's Governing Board may convene a subset of committee members for the purpose of acting on its behalf on the credentials and privileges of practitioners as well as

their reappointments to the Medical Staff of Touro Infirmary between meetings of Touro Infirmary's Governing Board. This Committee will review all applications for appointment and reappointment to the Medical Staff including recommendations from the Division Directors, Credentialing Committee, and Medical Executive Committee, along with any relevant peer reference or quality review information. Any actions taken by this committee shall be reported to, and confirmed by, Touro Infirmary's Governing Board at its next regular meeting.

3.7.9. Should Touro Infirmary's Governing Board's preliminary decision be adverse to the applicant after either: (1) a favorable Medical Executive Committee recommendation; or (2) without benefit of a Medical Executive Committee recommendation in accordance with Section 3.7.7. above, the applicant shall be notified of the preliminary adverse decision and of his/her right to request a hearing under Article Seven. No final action shall be taken by Touro Infirmary's Governing Board until after the applicant has waived or exhausted his/her hearing rights.

3.7.10. Any time periods specified in this Section 3.7 are to assist those named in accomplishing their tasks and shall not be deemed to create any right of the applicant to have his/her application processed within those periods.

3.7.11. A Medical Staff member who has been the subject of an adverse decision denying an application, adverse corrective action decision, or a resignation in lieu of a medical disciplinary action, shall not be eligible to reapply for Medical Staff membership and/or clinical privileges affected by such action for a period of at least two (2) years from the date the adverse decision became final, the date the application or request was withdrawn or the date the former Medical Staff member's resignation became effective, whichever is applicable.

3.8. CREDENTIALS SUBJECT TO ONGOING VERIFICATION

In addition to being verified at the time of initial appointment and initial granting of privileges, and at reappointment or renewal or revision of clinical privileges, credentials may be subject to primary source verification, at the time of expiration and renewal or as specified, and any failure to continuously maintain the appropriate credentials during the entire term of appointment shall result in automatic suspension actions as described in Article Six of these Bylaws.

3.9. AUTHORITY FOR DOCUMENTATION AND VERIFICATION SERVICES

The Credentialing Committee and/or Medical Executive Committee and Touro Infirmary's Governing Board may designate a verification service to serve as a designee of the Medical Staff, the Division Directors, the Medical Staff Office, and the President of Touro Infirmary under this Article, to provide documentation and verification services with respect to applicants for appointment and reappointment. The documentation and verification services shall be limited to collecting verified, objective data, and the Medical Staff and Touro Infirmary's Governing Board remain responsible for evaluating and making recommendations with respect to applications for appointment and reappointment for membership and/or clinical privileges. By applying for membership and/or clinical privileges, each applicant for appointment or reappointment authorizes the Medical Staff, Division Directors, Medical Staff Office, and the President of Touro Infirmary and/or Touro Infirmary's Governing Board to use the services of documentation and verification organization for the limited purpose described in this Section.

3.10. ASSISTANCE WITH EVALUATION

The Governing Board, the Medical Executive Committee, the President of Touro Infirmary, or any committee authorized to review or evaluate applications for Medical Staff membership or clinical privileges, or conduct ongoing review or evaluation of performance of those who currently hold Medical Staff membership or clinical privileges, may as part of these duties:

3.10.1. Obtain the assistance of an independent consultant or others to evaluate the healthcare professional being subject to review;

3.12.3.1. The Division Director, as part of the OPPE process, may perform initial screening of cases for specific providers.
3.12.3.2. Any cases requiring further review, as determined by the Division Director, may be forwarded to the Medical Staff Quality Committee, the Peer Review Committee, and/ or any additional committee of the Medical Staff as deemed appropriate.
3.12.3.3. Cases reviewed by the Medical Staff are assigned to one of the following as a final disposition:
- Appropriate care
- Controversial care
- Excellent care
- Inappropriate care

3.12.3.4. Actions taken as a result of review may include:
- Recommended changes in policy and procedure
- Counseling/education
- Sending a letter of inquiry
- Trending of occurrences
- Request for a focused professional practice evaluation

3.12.4. The Medical Staff Office shall collect and forward provider-specific performance profiles to the credentials committee for consideration in the appointment or reappointment process.

3.13. FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

3.13.1. The Medical Staff shall have a process to evaluate the privilege-specific competence of a practitioner. This process, focused professional practice evaluation (FPPE), shall be a minimum number of procedures or amount of time during which the Medical Staff will evaluate and determine the practitioner's professional performance. FPPE may entail the use of one or more types of evaluation, including but not limited to:
3.13.1.1. chart review
3.13.1.2. monitoring of clinical practice patterns
3.13.1.3. simulation
3.13.1.4. clinical proctoring
3.13.1.5. external peer review
3.13.1.6. discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel)

3.13.2. FPPE will be used for the following reasons:
3.13.2.1. An initial applicant seeking clinical privileges
3.13.2.2. A current Medical Staff member or credentialed provider seeking new privileges
3.13.2.3. A current Medical Staff member or credentialed provider requiring assessment if the ability to provide safe, high-quality patient care (see 3.12.3.4)

3.13.3. FPPE Process for initial appointment/initial clinical privileges: At the time of initial appointments and initial granting of clinical privileges, the Credentialing Committee shall determine a plan for conducting focused professional practice evaluation. A period of focused professional practice evaluation shall be implemented for all initially requested privileges. The evaluation plan shall include a minimum number of procedures or the time period of evaluation and may be subject to an extension of time for a total period not to exceed two years (24 months). If a sufficient amount of clinical activity has not occurred during the designated period, practice evaluation may be extended beyond the designated period upon formal request to, and approval by, the Credentialing Committee.

Each individual subject to FPPE for initial appointment may be assigned clinical proctoring or observation. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. If an initial appointee fails to provide the documentation required above within the practice evaluation term, his/her clinical privileges, as applicable, will be automatically and voluntarily relinquished.

3.13.4. FPPE Process for individuals with existing privileges who are requesting new privileges: A period of focused professional practice evaluation shall be implemented for all initially requested privileges. Medical Staff members or other individuals with existing clinical privileges who are requesting new privileges may be subject to focused professional practice evaluation by one or more appropriate Member(s) of the Medical Staff as approved by the Credentialing Committee. In the event new privileges are requested for which there are no other Medical Staff members or other individuals with existing clinical privileges and competence to proctor and/or observe in the new area of practice, the Credentialing Committee, the Medical Executive Committee, and/or the Governing Board shall have the option of specifying requirements for other evidence of competence, including but not limited to reports of completion of a training program accepted by the MEC, evaluations from competent instructors, external peer review, and/or evidence of proctoring at another hospital. The individual requesting new privileges shall be subject to focused professional practice evaluation for the timeframe or number and type of cases, procedures or treatments specified by the Credentials Committee as appropriate to the new clinical privileges being requested. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the new clinical privileges granted. If a sufficient amount of clinical activity has not occurred during the designated period, practice evaluation may be extended beyond the designated period upon formal request to, and approval by, the Credentialing Committee. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. If a Medical Staff member requesting additional privileges fails, within the practice evaluation term, to provide the required documentation, the additional privileges will be automatically and voluntarily relinquished.

3.13.5. FPPE Process for evaluating of clinical competence for privileges previously granted: Medical Staff members or other individuals with existing clinical privileges who are identified for review of actual clinical competence may be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as approved by the appropriate Division Director, President of the Medical Staff, or Medical Staff committee. Focused professional practice evaluation may be indicated as the result of QA/PI, peer review or patient safety information, or due to inactivity with clinical privileges granted, or due to return from a leave of absence. The individual shall be subject to focused professional practice evaluation for the timeframe or number and type of cases, procedures or treatments specified by the clinical Division and/ or the Medical Staff committee as appropriate to the clinical privileges subject to review. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the clinical privileges subject to review. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. The individual's Division Director shall review the proctoring/ observation reports, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentialing Committee, the Medical Executive Committee, and the Governing Board, if applicable.

3.13.6. Confidentiality: Peer review and quality improvement activities are immune to discoverability according to state statute. All activities are kept confidential. Only

5.4. BASIS FOR PRIVILEGES DETERMINATION

5.4.1. The Medical Staff shall make an objective and evidence-based decision with regards to each request for clinical privileges. Requests for clinical privileges shall be evaluated on the following:

- Education, training, and experience;
- Current demonstrated professional competence and judgment;
- Evidence of current proficiency in the Hospital's general competencies;
- Applicant's clinical performance at this Hospital and their other settings;
- Comparison with aggregate information (when available);
- Current health status;
- The documented results of patient care and other quality review and monitoring which the Medical Executive Committee deems appropriate;
- Performance of a sufficient number of procedures to develop and maintain the practitioner's skills and knowledge; and
- Compliance with any specific criteria applicable to the privileges, including in-house training which may be required.

5.4.2. The decision to grant or deny a privilege and/or to renew an existing privilege shall also be based on peer recommendations. Peers, in this scenario, are not required to be of like specialty, but must have knowledge to address the applicant's:

- Medical/clinical knowledge
- Technical and clinical skills
- Clinical judgment
- Interpersonal skills
- Communication skills
- Professionalism
- Health status

5.5. "CROSS-SPECIALTY" PRIVILEGES WITHIN THE HOSPITAL

Any request for clinical privileges that are either new to the Hospital, or that overlap more than one division, shall initially be reviewed by the appropriate division, in order to establish the need for, and appropriateness of, the new procedure or services. Practitioners applying for membership and requesting "cross-specialty" privileges shall be evaluated by all applicable Divisions.

5.6. MODIFICATION OF CLINICAL PRIVILEGES OR DIVISION

On its own, upon recommendation of the Credentialing Committee, or pursuant to a request from the practitioner, the Medical Executive Committee may recommend a change in the clinical privileges or division assignment(s) of a member. The Medical Executive Committee may also recommend the granting of additional privileges to a current Medical Staff member be made subject to practice evaluation in accordance with procedures outlined in Article Three.

5.7. ESTABLISHING NEW PRIVILEGES

Prior to a new privilege being added to the privilege list of any service, it must be approved by the Governing Board of Touro Infirmary upon recommendation of the Credentialing Committee.

Attachment 3

BYLAWS

OF

THE MEDICAL STAFF

OF

Ochsner Medical Center-Kenner
Kenner, Louisiana

Current Revision: 12/05/13

Previous Revision: 02/28/13

evidenced by a Certificate of Enrollment, or a member of the State Healthcare Provider Fund with limits of liability of $500,000 per occurrence.

E. Controlled Substance Registration

Current Narcotics and Drug Control state licensure and current Drug Enforcement Administration (hereinafter referred to as "DEA") registration (with the exception of pathologists and telemedicine practitioners) or, in the case of residents, a current, valid institutional license;

F. Health Status/Ability to Perform

Current physical and mental health, free of any significant physical, mental, or behavioral impairment that could adversely affect the practitioner's ability to care for patients in the Medical Center;

G. Current Competence, Experience and Judgment

Current clinical experience and outcome and utilization practice patterns, and current competence as evidenced by clinical and technical skills, professional performance, judgment, performance improvement and peer review activities, efficiency of patient care within available resources and continuing professional education;

H. Conduct/Behavior

Ability to harmoniously work with and relate to others, including but not limited to other Medical Staff members, Medical Center management and employees, the Board, patients, visitors, and the community, in a cooperative professional manner for maintaining an environment appropriate to quality patient care;

I. Professional Ethics and Character

Adherence to the ethics of the Practitioner's profession; and

J. Nondiscrimination

No applicant for membership or reappointment to the Medical Staff shall be denied membership or particular clinical privileges on the basis of sex, color, race, religion, national origin, age or handicap or any other criterion unrelated to the delivery of quality and appropriate patient care.

3.3 Conditions and Duration of Appointment and Reappointment

A. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws provided that in the event of unwarranted delay on the part of the Medical Staff the Governing Body may act without such recommendations on the basis of documented evidence of applicant's or staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff.

B. Reappointments shall be for a period of not more than two years.

C. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws. Criteria for membership or reappointment shall be uniformly applied to all applicants.

D. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his patients, to abide by the Medical Staff Bylaws and Policies, to accept committee assignments, to participate in staffing the emergency service area in accordance with the terms of these Bylaws.

E. Any practitioner whose contractual relationship with the Medical Center requires membership on the Medical Staff shall not have his Medical Staff membership terminated without the same due process provisions as must be provided for any other member of the Medical Staff, unless otherwise provided in a contract between the Medical Center and the practitioner.

F. Any falsehood, misstatement or misrepresentation made by an individual on an application or reapplication to the Medical Staff will result in automatic and immediate denial or termination of Medical Staff membership and clinical privileges and will result in automatic denial of any future application or reapplication for Medical Staff membership and clinical privileges at the Medical Center.

G. All initial appointments shall be provisional as defined in Article 4.1.

H. Practitioners who have a contract with the hospital, either full-time or part-time, in a medico-administrative position that includes staff clinical responsibilities or functions, must be members of the medical staff. In addition to any applicable terms of the contract, such practitioners shall achieve staff membership and clinical privilege delineation through the same procedure as is required for other medical staff members.

I. Medical Staff members shall promptly notify the Chief Executive Officer (hereinafter referred to as "CEO") of: 1) the voluntary or involuntary revocation or suspension of his licensure or certification by any state or federal agency; 2) the revocation, suspension, or other involuntary diminution of Medical Staff appointment and/or clinical privileges at another hospital or health care facility; and/or 3) the commencement of a formal investigation or filing of claims or charges that relate to the practitioner's professional practice, whether administrative, criminal, or civil in nature; 4) lapse in or failure to maintain professional malpractice insurance in the amount specified in these bylaws.

J. Medical Staff members shall maintain the confidentiality of information obtained during the discharge of Medical Staff responsibilities and refrain from disclosing such information to third parties, except as authorized by the Board or required by law.

3.4 General Obligations and Conditions for Medical Staff Appointment/Reappointment

By submitting an application or reapplication for Staff membership, the applicant signifies agreement to fulfill the following obligations and conditions:

A. Appear for interviews as necessary to answer questions arising from the appointment/reappointment application;

B. Provide continuous care and supervision of their hospitalized patients or arrange for suitable alternative coverage for their patients during periods of unavailability or absence;

C. Seek consultation whenever necessary, and in accordance with the consultation policies of the Hospital and Medical Staff;

D. Abide by these Bylaws and the Policies, and other requirements of the Medical Staff and the Hospital;

E. Discharge Medical Staff, Clinical Service Committee, and Hospital responsibilities including providing on-call coverage for emergency care services appropriate to the applicant's clinical specialty, accepting assignments for peer review and completing medical staff orientation upon initial appointment;

F. Utilize Hospital facilities to prepare and complete in a timely, legible manner the required medical records and other documents for all patients for whom the applicant provides care in the Hospital;

G. Participate in peer review, performance improvement, risk management, case management/resource management, and other review and improvement activities as requested;

H. Participate in continuing education to maintain clinical skills and current competence;

I. Inform Medical Staff Services, CEO or the President of the Medical Staff of any change in the practitioner's status or qualifications or any change in the information provided on the individual's application form. This information shall be provided with or without request, at the time the change occurs, and shall include, but not be limited to, changes in licensure status, controlled substances registration and license, professional liability insurance coverage, changes in the practitioner's Medical Staff status at any other hospital or healthcare entity, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any changes in the individual's ability to safely and competently exercise clinical privileges or perform the duties and responsibilities of appointment because of health status issues listed in Articles 3 and 6 of these Bylaws;

J. Agree that the applicant is subject to review by the Medical Staff as part of the performance improvement program and that the Medical Executive Committee may obtain an evaluation of the applicant's performance by a consultant selected by the Medical Executive Committee if necessary;

K. Abide by Federal and State laws governing privacy of health information such as HIPAA and all aspects of the provision of emergency care under EMTALA; and

L. Abide by the Principles of Medical Ethics of the American Medical Association or by the Code of Ethics of the American Dental Association, or the Code of Ethics of the American Podiatric Medical Association, whichever is applicable, as well as, the ethical considerations, rules, or code of his specialty.

3.5 Durations of Appointments

A. Initial appointments shall be considered Provisional for a period of one year (12 months), and subject to extension for a total period not to exceed two years (24 months).

B. Reappointments shall be for a period not to exceed two years (24 months).

3.6 Lapse of Membership

In the event that reappointment has not occurred due to lack of submission of a complete application prior to the expiration of the current term of appointment, the membership and

clinical privileges of the individual will be considered to have been voluntarily surrendered. In such case, the individual shall be notified of the expiration of the term of membership and the need to submit a new application for membership on the Medical Staff and for reinstatement of clinical privileges. This voluntary surrender of membership is not reportable to the National Practitioner Data Bank and shall not entitle the individual to any hearing or appeal under Article 8 of these Bylaws.

ARTICLE 4 CATEGORIES OF THE MEDICAL STAFF

4.1 Appointments - Provisional Status

All initial appointments to the Medical Staff shall be provisional for 12 months. A provisional staff member may be continued on provisional status for an additional period not to exceed one year. A provisional staff member who fails to qualify for Active or Courtesy Staff status following his provisional appointment but not to exceed two years may be deemed to have had his Medical Staff appointment voluntarily relinquished.

A. The provisional member must arrange, or cooperate in the arrangement of, the required numbers and types of cases to be reviewed during the provisional appointment.

B. When sufficient clinical activity has occurred during the provisional period, the Credentials Committee will use Practitioner-specific data and peer recommendations as a basis for its recommendation to the Medical Executive Committee.

C. When there has been insufficient clinical activity, the Credentials Committee may recommend an extension of the provisional period for up to one additional twelve (12) month period for a maximum of twenty-four 24 months as a Provisional member of the Medical Staff.

D. When a provisional member has no activity for twenty-four (24) months, the provisional member will not be eligible for reappointment.

E. Provisional staff members shall be assigned to a service where their performance shall be observed by the Chair of the Clinical Service or his representative; relevant findings from the quality assurance activities are considered as part of the appraisal process to determine the eligibility of such provisional members for regular staff membership and for exercising the clinical privileges provisionally granted to him.

F. Provisional staff members shall not be eligible to vote or to hold office.

G. All provisional staff members are required to attend staff meetings and to serve on committees of the Medical Staff when requested (or to volunteer). The member must fulfill the meeting requirements of the committee and, although he does not have voting privileges in the regular staff meetings, he is given voting privileges in these committee meetings.

H. All provisional staff members are required to cover Emergency Department call when requested to do so by their Clinical Service Chair.

I. Provisional Staff shall not be entitled to the hearing and appeal rights set out in Article 8 of these Bylaws when there has been insufficient clinical activity to make a Practitioner eligible to advance to full staff status or be granted new clinical privileges. When a member of the Provisional Staff is denied new clinical privileges or advancement because of the Practitioner's professional conduct or competence that adversely affects or could adversely affect the health or welfare of a patient, the Practitioner shall be entitled to the hearing and appeal rights set out Articles 7 and 8 of these Bylaws.

4.2 The Medical Staff

The Medical Staff shall be divided into Active, Courtesy and Consultant categories.

4.3 The Active Staff

A. Requirements

1. General

The Active Medical Staff member must have completed the Provisional period as outlined in these Bylaws. Physicians will be admitted to the Active Medical Staff only if they have at least twelve (12) patient contacts per calendar year. If this number is not met, then the Practitioner is not eligible for Active Staff Status.

2. Exceptions

a. Hospital-Based physicians - The exception to the above requirement will be that the Hospital-Based physicians, i.e.: Anesthesiologists, Emergency Services, Pathologists, and Radiologists require that the, 1) Director of a Hospital-Based Service and 2) Other members within the service which meet 50% of their total scheduled time at Ochsner Medical Center - Kenner will be admitted to the Active Medical Staff.

B. Obligations

The Active membership shall consist of Practitioners who meet the requirements for Medical Staff membership and are actively involved in care of patients in the Medical Center, who are located close enough to the Medical Center to provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the Active Medical Staff including, where appropriate, Emergency Department call and consultation assignments.

Physicians sixty (60) years of age or older may elect not to take Emergency Department call.

C. Prerogatives

Members of the Active Medical Staff shall be eligible to vote, to hold office and to serve on standing medical committees.

4.4 The Courtesy Medical Staff

A. Requirements

The Courtesy Medical Staff member must have completed the Provisional Review period as outlined under Article IV.

A practitioner granted Courtesy privileges may not exceed eleven (11) patient contacts per calendar year. If this number is exceeded, the practitioner is no longer eligible for Courtesy Staff status and will be subject to the requirements of Active Staff Status.

B. Obligations

The Courtesy Medical Staff shall consist of Practitioners qualified for staff membership, but who only occasionally treat patients at the Medical Center. Courtesy Medical Staff members shall be appointed to a specific Clinical Service and shall have delineated clinical privileges.

C. Prerogatives

The Courtesy Medical Staff shall not be eligible to vote, hold office, make nominations for office, but may serve on committees of the Medical Staff. They are not required to attend staff meetings but are encouraged to do so.

4.5 The Consultant Medical Staff

A. Requirements

The Consultant Medical Staff shall consist of practitioners within the community who, by virtue of their education, training and specialty, act as consultants to the Active and Courtesy Medical Staffs.

Applicants to the Consultant Medical Staff must meet the requirements as set forth in Article 3.

Any practitioner who has been a consultant to the Medical Staff three (3) times within a one (1) year period will no longer be eligible for Consultant status and will be subject to the requirements of Courtesy Staff status.

B. Obligations

A Consultant Staff member may exercise such clinical privileges as are granted to him. A Consultant Staff member may be granted the privilege to perform surgical or invasive procedures.

C. Prerogatives

Consulting staff members shall not be eligible to admit patients, to vote, hold office or to serve on standing medical committees.

4.6 Modification of Staff Status

A Medical Staff member may request modification of his Medical Staff category as set out in Section 6.1 D.

ARTICLE 5 FOR APPOINTMENT AND REAPPOINTMENT

5.1 Eligibility for Medical Staff Appointment

A. All applications for appointment and reappointment to the Medical Staff shall be in writing, shall be signed by the applicant and shall be submitted on a form prescribed by the Medical Executive Committee that complies with the requirements of this Article.

B. Applications may be provided to residents who are in the final four (4) months of their training. The processing of such applications may begin, but final action shall not be taken until all applicable eligibility criteria are satisfied.

C. If it is determined during processing that an applicant does not meet all of the minimum qualifications set out in Section 5.6, no further processing of the

request shall occur. An applicant who does not meet the minimum qualifications is not entitled to any of the procedural rights set forth in Articles 7 and 8 of these Bylaws.

5.2 Burden of Providing Information

A. Individuals seeking appointment and reappointment have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts.

B. Individuals seeking appointment and reappointment have the burden of providing evidence that all the statements made and information given on the application are accurate.

C. An application shall be considered complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources and the processing fee is paid. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 30 days after the individual has been notified that the file is incomplete shall be deemed to be withdrawn.

D. The individual seeking appointment or reappointment is responsible for providing a complete application, including adequate responses from references. An incomplete application will not be processed.

5.3 Consent to Release of Information for Application Review Process

A. By applying for appointment to the Medical Staff, each applicant signifies his consent to the following:

1. Authorizes the Hospital to consult with members of Medical Staffs of other hospitals with which the applicant has been associated and with others who may have information bearing on the Practitioners' competency, character and ethical qualifications.

2. Consents to the Medical Center's inspection of all records and documents they deem material to an evaluation of practitioner's professional qualifications and competence to carry out the clinical privileges and ethical qualifications for Staff membership.

3. Unconditionally releases from any liability and holds harmless all representatives of the Medical Center and its Medical Staff for their acts

performed in good faith and without malice in connection with evaluating the applicant and practitioner's credentials.

4. Unconditionally releases from any liability and holds harmless all individuals and organizations who provide information to the Medical Center and its Medical Staff in good faith and without malice concerning the applicant's competence, ethics, character and other qualification for Staff appointment and clinical privileges, including otherwise privileged or confidential information.

5. Signifies his willingness to appear for interviews regarding his application.

6. Warrants that all information and representations provided in the application are correct, truthful, and complete, and acknowledges that any falsehood or misrepresentation made by an individual on an application or reapplication to the Medical Staff will result in automatic and immediate denial or termination of Medical Staff membership and clinical privileges and will result in automatic denial of any future application or reapplication for Medical Staff membership and clinical privileges at this Medical Center. Any practitioner, so affected, shall be entitled to the procedural rights as outlined in the Medical Staff Bylaws.

7. Agrees to sign any additional documents and/or consents or releases which may be subsequently required for the obtaining of additional information regarding his application.

5.4 Application/Processing Fee

An application/processing fee shall accompany each Practitioner's application for appointment and/or reappointment. The amount of the fee will be set and periodically reviewed by the Medical Executive Committee.

5.5 Application Form for Appointment and Reappointment

The application form for appointment and reappointment shall require:

A. Detailed information concerning the applicant's professional qualifications;

B. A request for the name of at least three (3) peers at initial appointment and two (2) peers at reappointment, who can provide adequate references pertaining to the applicant's professional competence and ethical character;

C. Information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily terminated, limited,

revoked, suspended, reduced, or not renewed at any other hospital or institution;

D. Information as to whether the Practitioner's membership in local, state or national medical societies, or the Practitioner's license to practice any profession in any jurisdiction, has ever been voluntarily or involuntarily suspended, limited, placed on probation, terminated or relinquished, and whether there have been any previously successful or currently pending challenges to license or registration.

E. Information as to whether the applicant has had any previously successful (or currently pending) challenges to any licensure or registration (state, federal, DEA) or has voluntarily or involuntarily relinquished such licensure or registration;

F. Information regarding the applicant's malpractice experience, identifying all pending professional liability actions including final judgments and settlements, along with a consent to release information from practitioner's present and past malpractice insurance carriers;

G. Information regarding the applicant's health status and ability to perform; and

H. The requested Staff Category and clinical privileges for which he wishes to be considered.

I. The group medical practices or other entities by or with whom the applicant is employed or practices.

J. A statement that the applicant has received and read the application form and the Bylaws, policies of the Medical Staff, that the applicant agrees to be bound by the terms thereof in all matters pertaining to practitioner's Medical Staff membership and privileges if there are any, and he/she acknowledges the release from liability and immunity provisions set forth in these Bylaws.

5.6 Eligibility Criteria for Appointment

To be eligible to apply for initial appointment or reappointment to the Medical Staff, physicians, dentists, oral surgeons, and podiatrists must:

A. have a current, unrestricted license to practice in this state and have never had a license to practice revoked or suspended by any state licensing agency;

B. completed all of the Louisiana State Board of Medical Examiners guidelines for continuing medical education to comply with current licensure requirements;

C. has a current, unrestricted DEA registration and state controlled substance license; unless appointed as a pathologist or telemedicine practitioner;

D. be located (office and residence) within a reasonable distance of the geographic service area of the Medical Center close enough to fulfill their Medical Staff responsibilities and to provide timely and continuous care for their patients in the Hospital;

E. have current, valid professional liability insurance coverage in a form and in amounts as set out in Article 3, Section 2 D;

F. have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil penalties for the same;

G. have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental healthcare program;

H. have never had Medical Staff appointment or clinical privileges denied, revoked, resigned, relinquished, or terminated by any healthcare facility or health plan for reasons related to clinical competence or professional conduct;

I. have never been convicted of, or entered a plea of guilty or no contest to, any felony, or to any misdemeanor relating to controlled substances, illegal drugs, insurance or healthcare fraud or abuse, or violence;

J. agree to fulfill all responsibilities regarding Emergency Department call;

K. assure timely, adequate, professional care for his patients in the Hospital by being available or having available through his office an eligible alternate practitioner with whom prior arrangements have been made and who has at least equivalent clinical privileges at the Hospital.

L. have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or the Committee on Dental Specialty Education of the American Dental Association, or the counsel on Podiatric Medical Education of the American Podiatric Medical Association, in a specialty appropriate to the clinical privileges specifically requested or be Board Certified by a board recognized by the American Board of Medical Specialties for a specialty appropriate to the specific clinical privileges requested. Appropriateness of the residency program shall be determined by the Medical Executive Committee in its sole and absolute discretion;

M. provide documentation of identity such as a state or federal issued picture I.D.;

N. have not tendered an application and have been previously denied membership and/or clinical privileges at the Hospital;

O. have not had membership and/or clinical privileges terminated due to lack of sufficient qualifications required to maintain membership or clinical privileges or whose prior application was deemed incomplete and withdrawn when it appears that the application is based on substantially the same information as when previously denied, terminated, or deemed withdrawn as set out in Section 5.20; and

P. provide evidence of a contractual relationship or affiliation with a medical group or other entity that provides exclusive services in the applicant's specialty at the Hospital.

5.7 Waiver of Criteria

A. Any individual who does not satisfy one or more of the eligibility criteria of Section 5.6 may request that it be waived. The individual requesting the waiver bears the burden of demonstrating that his or her qualifications are equivalent to, or exceed, the eligibility criteria in question.

B. A request for a waiver shall be submitted to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant clinical service chair, and the best interests of the Hospital and the community it serves. Additionally, the Credentials Committee may, in its discretion, request an interview of the individual as part of its consideration of the waiver request along with the Waiver Request Form and other information supplied by the individual. The Credentials Committee's recommendation will be forwarded to the Medical Executive Committee. Any recommendation to grant a waiver must include the basis for recommending the waiver. Once the Credentials Committee recommends a waiver, the Medical Staff Services may begin its credentials verification process.

C. If the Medical Executive Committee recommends a waiver, the waiver request shall be reviewed by the Governing Body whose decision shall be final. The failure of the Medical Executive Committee to recommend a waiver shall likewise be reviewed by the Governing body whose decision shall be final. The Governing Body may grant waivers only in exceptional cases after considering the findings of the Credentials Committee and the Medical Executive Committee, the specific qualifications of the individual in question, and the best interests of the Hospital and the community it serves. The granting of a waiver in a

particular case is not intended to set a precedent for any other individual or group of individuals.

D. No individual is entitled to a waiver or to a hearing if the Governing Body determines not to grant a waiver.

E. A determination that an individual will be given a waiver will make the individual eligible to receive an application for appointment or clinical privileges.

F. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges. Accordingly, that individual is ineligible to request an application for appointment or clinical privileges.

G. An application for appointment that does not satisfy eligibility criteria will not be processed through the Medical Staff Committee Review process until the Governing Body has determined that a waiver should be granted in accordance with this Section.

5.8 Factors for Evaluation of Applications for Appointment

Only those individuals who can document that they are qualified in all regards will be appointed to the Medical Staff. The following factors will be evaluated as part of the appointment processes:

A. relevant education and training;

B. licensure;

C. registration;

D. professional competence, clinical judgment and technical skills in the treatment of patients;

E. health status and ability to perform;

F. ethics, conduct, and behavior;

G. professional liability history;

H. participation in continuing medical education activities;

I. compliance with the Bylaws, Policies and Procedures of the Medical Staff and the Hospital; and

J. recognition of the importance of, and willingness to support the Hospital's commitment to quality care, and recognition that interpersonal skills of collaboration, communication, and collegiality are essential for the provision of quality patient care.

5.9 Initial Appointment Process

Once eligibility has been determined, the initial appointment process may begin.

A. Initial Review of Application:

1. The applicant shall have sixty (60) days from the Medical Center's receipt of the application to submit all necessary data and pay the processing fee. After sixty (60) days any application which is still incomplete shall be null and void and not processed further.

2. As a preliminary step, the application shall be reviewed by the Medical Staff Services, or its designee, to determine that all questions have been answered and that the individual satisfies all threshold eligibility criteria. Incomplete applications shall not be processed.

3. The Medical Staff Services shall oversee the process of gathering and verifying relevant information, verifying primary source information, and confirming that all references and other information or materials deemed pertinent have been received

B. Steps to Be Followed for All Initial Applicants:

1. Evidence of the applicant's character, professional competence, qualifications, behavior, and ethical standing shall be examined. This information may be contained in the application, and obtained from references and from other health care entities, residency programs, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.

2. An interview with the applicant may be conducted at any time during the credentials process. The purpose of the interview is to discuss and review any aspect of the applicant's application, qualifications, and requested clinical privileges.

C. Clinical Service Chair Review

Applications will be reviewed by Chair(s) of the Clinical Services in which the Practitioner seeks clinical privileges and will make recommendations where appropriate.

D. Credentials Committee Review

1. Prior to making its recommendation, the Credentials Committee shall examine the evidence of the character, professional competence, qualifications and ethical standing of the Practitioner and shall determine the applicants eligibility for appointment to the Medical Staff and for specific privileges, through information contained in peer references given by the Practitioner and from other sources available to the Credentials Committee. The Credentials Committee shall transmit its recommendation to the Medical Executive Committee and make the completed application and all other documentation considered in arriving at its recommendation available to the Medical Executive Committee for review as needed or requested by the Medical Executive Committee.

2. The Credentials Committee may use the expertise of the clinical service chair, or any member of the clinical service, or an outside consultant, if additional information is required regarding the applicant's qualifications.

3. The Credentials Committee may recommend the imposition of specific conditions. These conditions may relate to behavior or to clinical issues. The Credentials Committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

E. Medical Executive Committee Review

1. Within ninety (90) days after an application for membership is deemed complete by the MEC, the MEC shall make a report of its evaluation to the Governing Body. At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the Medical Executive Committee shall:

   a. adopt the findings and recommendation of the Credentials Committee, as its own; or

   b. refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the Medical Executive Committee prior to its final recommendation; or

   c. defer the matter for further consideration of issues raised by the Medical Executive Committee prior to its final recommendation; or

d. state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Credentials Committee's recommendation.

2. When the recommendation of the Medical Executive Committee is to defer the application for further consideration it must be followed up within a specified time.

3. If the recommendation of the Medical Executive Committee is to appoint, the recommendation shall be forwarded to the Board through the CEO.

4. If the recommendation of the Medical Executive Committee would entitle the applicant to request a hearing, the Medical Executive Committee shall forward its recommendation to the CEO, who shall promptly send special notice to the applicant. The CEO shall then hold the application until after the applicant has completed or waived a hearing and appeal.

5.10 Medical Executive Committee Review after Hearing Committee Report

If, after the Medical Executive Committee has considered the report and recommendation of the Hearing Panel and the Hearing Record, as set out in Article 8, the Medical Executive Committee's reconsidered recommendation is favorable to the Practitioner, it shall be processed in accordance with Article 5. If such recommendation continues to be adverse, the CEO shall promptly so notify the Practitioner, by certified mail, return receipt requested. The CEO shall also forward such recommendation and documentation to the Governing Body, but the Governing Body shall not take any action thereon until after the Practitioner has exercised, or has been deemed to have waived, practitioner's right to an appellate review as provided in these Bylaws as set out in Article 8.

5.11 Governing Body Review Process

Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Executive Committee as provided in these Bylaws.

A. Favorable Recommendation

After receiving a favorable recommendation from the Medical Executive Committee, the Governing Body shall act on the recommendation at its next regular meeting. If the Governing Body's decision is favorable, the Practitioner shall be notified of his appointment to the Medical Staff.

B. Adverse Recommendation

If the Governing Body's decision is adverse to the Practitioner in respect to either appointment or clinical privileges, the CEO shall promptly give formal notice to the Practitioner of such adverse decision, and, if a hearing has not been held under Article 8, such adverse decision shall be held in abeyance until the Practitioner has exercised or has been deemed to have waived practitioner's rights under Article 8. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

C. Governing Body Action for Medical Executive Committee Delay

In the event of unwarranted delay on the part of the Medical Executive Committee in making its recommendation to the Governing Body, the Governing Body may act without a Medical Executive Committee recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Executive Committee. An "unwarranted delay" shall mean failure of the Medical Executive Committee to make its recommendation to the Governing Body within ninety-one (91) days from the date the application is deemed fully complete by the Medical Executive Committee.

5.12 Final Action by Governing Body

At its next regular meeting, after all of the Practitioner's rights under Article 8 have been exhausted or waived, the Governing Body shall act in the matter. The Governing Body's decision shall be final, except when the Governing Body may defer final determination by referring the matter back to a committee of the Medical Staff for additional consideration and recommendation. The Governing Body shall state a time limit for the Medical Staff Committee's response. The Governing Body shall make a decision either to appoint the Practitioner to the Medical Staff or to reject practitioner's application for Medical Staff membership or clinical privileges. All decisions to appoint shall include a delineation of the clinical privileges which the Practitioner may exercise.

5.13 Governing Body Action in Conflict with Medical Executive Committee Recommendation

Whenever the Governing Body's decision will be contrary to the recommendation of the Medical Staff, the Governing Body or the Executive Committee of the Governing Body shall offer the Medical Executive Committee the opportunity to meet and discuss the conflict before the Governing Body takes final action at its next regularly scheduled meeting. The meeting shall take place within 30 days of the Governing Body giving notice of its intent to take final action on a matter in conflict with the Medical Executive Committee.

5.14 Notice of Appointment

When the Governing Body's decision is final, it shall send notice of such decision through the CEO to the Practitioner within thirty (30) days of the final decision. Whenever a notice of a recommendation or decision adverse to a Practitioner is required to be given under this Section, the notice must specifically set forth the grounds and reasons for the adverse recommendation or decision and any applicable notice of Hearing and Appeal rights as set out in Section 8. The notice of adverse recommendation or decision under this Section shall be sent by certified mail, return receipt requested.

5.15 Eligibility for Reappointment

A. All terms, conditions, requirements, and procedures relating to initial appointment shall apply to continued appointment and clinical privileges and to reappointment. To be eligible to apply for reappointment and renewal of clinical privileges, an individual must have, during the previous appointment term:

1. maintained the eligibility criteria set out in Section 5.7 of this Section; and

2. had sufficient patient contacts at the Hospital to enable the assessment of professional competence, clinical judgment and technical skills for the privileges requested. If the Practitioner has not had any patient contacts at the Hospital during the current appointment period, then the Practitioner is not eligible for reappointment. The Practitioner may apply for a waiver under Section 5.7. Any failure under this section to be reappointed to the Medical Staff for lack of activity at the Hospital will be treated as a voluntary resignation of medical staff membership and privileges.

5.16 Reappointment Application Process

A. An application for reappointment shall be furnished to members at least ninety (90) days prior to the expiration of their current appointment term. A completed reappointment application must be returned to the Medical Staff Services at least sixty (60) days prior to the expiration of the current appointment.

B. Failure to submit an application at least sixty (60) days prior to the expiration of the member's current term may result in automatic expiration of appointment and clinical privileges at the end of the then current term of appointment.

C. Reappointment shall be for a period of not more than two years.

D. In the event the applicant for reappointment is the subject of an investigation or hearing at the time reappointment is being considered, a conditional

paragraphs E,F above, within 60 days of the date of relinquishment, shall result in automatic resignation from the Medical Staff.

7.6 Notice of Automatic Suspension/Termination; Transfer of Patients

Whenever a Medical Staff member's privileges are automatically suspended/terminated/relinquished in whole or in part, notice of such suspension/termination/relinquishment shall be given by the President of the Medical Staff and the CEO to the Medical Staff member. Giving of such notice shall not, however, be required in order for the automatic suspension/termination/relinquishment to become effective. In the event of any such suspension/termination/relinquishment, the Medical Staff member's patients shall be assigned to another Medical Staff member by the President of the Medical Staff. The wishes of the patient shall be considered, when feasible, in choosing a substitute Staff member.

ARTICLE 8 HEARING AND APPELLATE REVIEW

8.1 Initiation of Hearing

A. Medical Executive Committee Recommendation as Grounds for Hearing

An individual is entitled to request a hearing whenever the Medical Executive Committee makes one of the following adverse recommendations:

1. denial of initial appointment to the Medical Staff;
2. denial of reappointment to the Medical Staff;
3. revocation of appointment to the Medical Staff;
4. denial of requested clinical privileges;
5. revocation of clinical privileges;
6. suspension of clinical privileges for more than 30 days;
7. mandatory concurring consultation requirement (i.e., the consultant must approve the course of treatment in advance);
8. denial of reinstatement from a leave of absence if the reasons relate to professional competence or conduct;
9. precautionary suspension or restriction that is maintained for greater than 30 days.

No other recommendations shall entitle the individual to a hearing.

B. Governing Body Recommendation as Grounds for Hearing

If the Board makes any of these adverse recommendations or decisions in Section 8.1 A without a prior hearing having been held, an individual is entitled to request a hearing. For ease of use, this Article 8 refers to adverse recommendations of the Medical Executive Committee. When a hearing is triggered by an adverse recommendation or decision of the Board, any reference in this Article 8 of the Medical Staff Bylaws to "the Medical Executive Committee" shall be interpreted as a reference to "the Board."

8.2 Actions Not Grounds for Hearing

None of the following actions shall constitute grounds for a hearing, and they shall take effect without hearing or appeal, provided that the individual shall be entitled to submit a written explanation to be placed into his or her file:

A. issuance of a letter of guidance, counsel, warning, or reprimand;

B. imposition of conditions, monitoring, or a general consultation requirement (i.e., the individual must obtain a consult but need not get prior approval for the treatment);

C. termination of temporary privileges;

D. automatic relinquishment of appointment or privileges;

E. imposition of a requirement for additional training or continuing education;

F. denial of a request for leave of absence, for an extension of a leave or for reinstatement from a leave if the reasons do not relate to professional competence or conduct;

G. determination that an application is incomplete;

H. determination that an application shall not be processed due to a misstatement or omission;

I. denial of a request for a waiver;

J. previously denied or terminated applicant as set out in Section 5.22;

K. determination of ineligibility based on a failure to meet threshold criteria, a lack of need or resources, or because of an exclusive contract; or

L. precautionary suspension that is maintained for less than 30 days or the

M. denial of a request to be exempt from on call coverage

8.3 CEO Notice of Recommendation

The CEO shall promptly give special notice of a recommendation which entitles an individual to request a hearing. This notice shall contain:

A. a statement of the recommendation and the general reasons for it;

B. a statement that the individual has the right to request a hearing on the recommendation within 30 days of receipt of this notice; and

C. a copy of this Article 8.

8.4 Request for Hearing

An individual has 30 days following receipt of the notice to request a hearing. The request shall be in writing to the CEO and shall include the name, address, and telephone number of the individual's counsel, if any. Failure to request a hearing shall constitute waiver of the right to a hearing, and the recommendation shall be transmitted to the Board for final action.

8.5 Notice of Hearing and Statement of Reasons

The CEO shall schedule the hearing and provide, by special notice to the individual requesting the hearing, the following:

A. the time, place, and date of the hearing;

B. a proposed list of witnesses who shall give testimony at the hearing and a brief summary of the anticipated testimony;

C. the names of the Hearing Panel members and Hearing Officer if known; and

D. a statement of the specific reasons for the recommendation, including a list of patient records (if applicable), and information supporting the recommendation. This statement may be revised or amended at any time, even during the hearing, so long as the additional material is relevant to the recommendation or the individual's qualifications and the individual has had a sufficient opportunity, up to 30 days, to review and rebut the additional information.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
General Correspondence Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.org

Telephone: (504) 568-6820
FAX: (504) 568-8893
Website: lsbme.org

July 11, 2008

Ms. Stephanie Toti
Staff Attorney, Domestic Legal Program
Center for Reproductive Rights
120 Wall Street, 14th Floor
New York, NY 10005

RE: Advisory Opinion Concerning the Minimum Training Requirements for First-Trimester Abortion Providers

Dear Ms. Toti:

The Louisiana State Board of Medical Examiners ("the Board") has reviewed your letter dated March 11, 2008, with enclosures, that stated a request by the Hope Medical Group for Women ("Hope") for an advisory opinion concerning the minimum training requirements for first-trimester abortion providers.

As you know, the Board is an agency created by Louisiana law, whose duties include, among other things, examining all applicants for the practice of medicine in Louisiana, issuing licenses or permits to those possessing the necessary qualifications to practice medicine, and taking appropriate administrative actions to regulate the practice of medicine in Louisiana.[1] The Board does not, however, credential physicians to perform certain procedures and generally does not evaluate the training of a physician except where the training is relevant to one of the Board's statutorily mandated duties, such as the evaluation of malpractice reports, the investigations of complaints, or upon request by a licensee or the public. Therefore, while the Board is pleased to respond to Hope's request for an advisory opinion, the statements herein should not be construed as a "rule" or "regulation" of the Board, but should only be taken as the Board's considered opinion in response to an inquiry from the public.

The Board recognizes that most first-trimester abortions are performed without serious complications.[2] Nevertheless, the verification of gestational age, the use of anesthesia, and the introduction and manipulation of instruments in the pregnant uterus

[1] La. R.S. 37:1270(A)(1).
[2] Hakim-Elahi, et al., Complications of First-Trimester Abortion: A Report of 170,000 Cases, OBSTETRICS AND GYNECOLOGY, Vol. 76, No. 1 (July 1990), 129-135.

EXHIBIT 5
PENGAD 800-631-6989

Joint Exhibit 135

do present risks to patients such as pelvic infection, incomplete abortion, blood clots in the uterus, heavy bleeding, cut or torn cervix, perforation of the uterus wall, anesthesia-related complications, and others.[3] Some of these complications, if they occur, may present immediate, life-threatening conditions for the patient and may compromise future childbearing. The risk of complications increases with gestational age. Accordingly, when considering the level of training appropriate for abortion providers, the Board believes it is important to ensure the physician has the technical skills necessary to perform surgical abortions, as well as sufficient knowledge and experience to recognize and address complications from the procedure.[4]

With that background, and in response to the specific questions in your letter about the level of training expected of physicians who perform first-trimester surgical abortions, we offer the following:

1. It is the Board's opinion that a physician who has completed a residency program in obstetrics and gynecology that is approved by the American Counsel of Graduate Medical Education ("ACGME") or American Osteopathic Association ("AOA") has achieved an acceptable level of training to safely perform first trimester surgical abortions. Further, a physician who has completed an ACGME or AOA approved residency, and who has received training in the performance of surgical abortions or other gynecologic surgery, including suction dilatation and curettage (D&C) in that residency, would be deemed to have sufficient training. The Board likewise believes that a physician who is credentialed by a hospital accredited by the Joint Commission on the Accreditation of Hospital Organizations ("JCAHO") to perform gynecologic surgical procedures has demonstrated sufficient training to safely perform first-trimester surgical abortions.

2. A physician who does not have the certification, training, or credentials described above would bear a heavier burden to be deemed competent. Such a physician may be considered to have sufficient training to perform first-trimester surgical abortions provided he or she has completed an ACGME or AOA approved residency in one of the internal medicine specialties, general surgery or one of the surgical specialties, or family medicine, and has obtained appropriate educational and clinical training in performing abortions, where he or she has demonstrated the knowledge, skills, and ability required to perform the procedures. Such a physician should be able to provide documentation relating to this training and demonstration of competence. The physician's training should employ a well-developed curriculum[5] with both didactic and clinical components, that is overseen and administered by an ACGME or AOA approved training program or an organization or entity regularly utilized by an

[3] *See* Abortion: A Decision, published by the Louisiana Department of Health and Hospitals in compliance with La. R.S. 40:1299.35.6 (Act 648, 1995), at 16-17.

[4] *See* 2008 Clinical Policy Guidelines, National Abortion Foundation, page 1 ("All personnel performing abortions must receive training in the performance of abortions and in the prevention, recognition and management of complications").

[5] *See, e.g.*, Early Abortion Training Workbook, published by the Center for Reproductive Health Research & Policy.

ACGME or AOA approved training program for training in the performance of abortions.

3. In the Board's opinion, it would be acceptable for a physician who has been trained to perform abortions as described in paragraph 1 above to train another physician to perform them, provided that such training occurred in the kind of setting described in paragraph 2 above.

4. Regarding medical abortions, a physician who prescribes medications to cause an abortion should have sufficient education and training to allow him or her to make an accurate determination of gestational age as well as to understand the indications, contraindications and complications of the intervention and be able to assess the outcome and deal effectively with the complications, including recognition and referral to a competent provider for further care if needed. So while a physician who performs medical abortions need not possess competence in performing the procedures of surgical abortion, he or she should have the other education and training described in paragraphs 1 or 2 above, insofar as such education and training relates to medical abortions.

The foregoing represents the Board's considered opinion after careful review and discussion. The Board recognizes that there may be instances where physicians would be deemed competent to perform first trimester medical or surgical abortion, even though they do not have the education, training, experience, and credentials described above. The competence of such physicians would, of course, be evaluated based on their own individual background, experience, and training.

Very truly yours,

LOUISIANA STATE BOARD OF
MEDICAL EXAMINERS

Robert L Marier

Robert L Marier, M.D.
Executive Director

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

WOMEN'S HEALTH CARE CENTER, INC. on behalf of it patients, physicians, and staff; DELTA CLINIC OF BATON ROUGE, INC., on behalf of its patients, physicians, and staff; JOHN DOE 5, M.D., on behalf of himself and his patients; and JOHN DOE 6, M.D., on behalf of himself and his patients,	*	Case No. 3:14-cv-597
Plaintiffs	*	
Versus	*	
KATHY KLIEBERT, in her official capacity as Secretary of the Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,	*	
Defendants	*	

DECLARATION OF JOHN DOE 6, M.D.

I, JOHN DOE 6, M.D., declare under penalty of perjury that the following statements are true and correct:

EXHIBIT D

Joint Exhibit 168

1. I am a board-certified obstetrician-gynecologist ("OB-GYN") with over 48 years of experience in women's health. I have provided medical services to women at Women's Health Care Center, Inc. ("Women's Clinic") in New Orleans and Delta Clinic of Baton Rouge, Inc. ("Delta Clinic") in Baton Rouge since 2002. I have been the Medical Director of Women's Clinic and Delta Clinic since 2008.

2. I submit this declaration in support of Plaintiffs' Motion for Preliminary Injunction.

3. Prior to April 2012, when Dr. Doe 5 began performing services at Delta Clinic, I provided abortion services at both Women's Clinic and Delta Clinic. Due to my age and the demands of traveling back and forth between New Orleans and Baton Rouge, along with my private gynecology practice in New Orleans, I am no longer able to provide abortion in Baton Rouge. Therefore, in April 2012, Dr. Doe 5 began providing all abortion services at Delta Clinic.

4. I continue to provide medication abortion services at Women's Clinic, and as the Medical Director, to communicate regularly with Dr. Doe 5 as to the day-to-day operations of Delta Clinic. In 2013, I performed approximately 60% of the abortions at Women's Clinic, all of which were medication abortion.

5. The types of complications that may occur following an abortion include infection, bleeding, uterine perforation, and retained tissue. In the overwhelming majority of cases, these complications can be handled in an outpatient setting without the need for hospitalization. If such a complication occurs during a procedure, I am well equipped and prepared, with the assistance of the staff, to handle the complication at Women's Clinic or Delta Clinic.

6. These types of complications when they do occur, however, are often after the patient has returned home. The vast majority of the time, they would still not require hospital care. Both Women's Clinic and Delta Clinic have medical staff who are available 24 hours a day for patients to call if they believe they are experiencing a complication. The medical staff is able to provide immediate advice and consults with me or Dr. Doe 5, as necessary. Any complication for most of these patients can either be handled over the phone or the patient is scheduled for follow up care at the clinic.

7. In the event that a more serious complication arises after the patient has returned home, we advise the patient to go to the nearest emergency room, and I call the hospital to alert the attending physician of the nature of the complication and continue to check on the patient's status and to consult on any follow-up questions that may arise.

8. In my experience, the risk of complications that require a direct hospital transfer are extremely low. In 2013, I provided approximately 1300 medication abortions at Women's Clinic, and none of those patients required a direct hospital transfer. Moreover, of the thousands of surgical and medication abortions that I have provided at Women's Clinic and Delta Clinic over more than the past 10 years, I have only had two patients who required a direct transfer to the hospital. One of those patients was treated at the hospital by our physician in New Orleans with whom we have a transfer agreement and she did not need to be admitted to the hospital.

9. I am confident that the clinics have policies and procedures that ensure quality of care. In the event of a complication during a procedure, Women's Clinic has a transfer agreement with a trained OB/Gyn physician in New Orleans who has admitting privileges at an area hospital, and Delta Clinic has a transfer agreement with a trained OB/Gyn in Baton Rouge who has admitting privileges at an area hospital. In any event that a hospital transfer is

necessary, the clinics transfer the patient to the hospital with a copy of the clinic record, and the physician calls the hospital to alert the attending physician of the nature of the complication and continues to check on the patient's status and consult on any follow-up questions, if they may arise.

10. The risk of complications arising during an abortion at Women's Clinic and Delta Clinic that would require hospitalization is even further reduced because all abortions are currently performed using either a minimal analgesic or no sedation.

11. When I heard that H.B. 388 was going to be enacted, I began reviewing hospital bylaws and speaking with people in the medical community in New Orleans and Baton Rouge in order to determine where I should apply for privileges. For example, many hospitals require that a physician admit a certain number of patients per year in order to obtain admitting privileges. Since I have admitted only a handful of patients over the past decade, and the risk of a complication from an abortion requiring hospitalization is so low, I will not be able to meet these requirements. In my experience, hospitals who are affiliated with the Catholic church or that are affiliated with the State also will not grant admitting privileges to a physician who performs abortions.

12. I spoke to Tulane University hospital about the possibility of obtaining privileges, but I was told that I should not bother to apply because they would not grant privileges to me because I have not had hospital admitting privileges since August of 2005. At that time, I was no longer able to meet hospital admissions criteria for the number of patients that a physician must admit each year.

13. In that regard, from approximately 1973 to 2005, I had admitting privileges at various hospitals in New Orleans, including Tulane University Hospital, Hotel Dieu Hospital,

and Methodist Hospital. But as my private practice became solely a gynecology practice, and because of the low rate of complications performing abortions at a clinic, I could not meet the criteria for the number of patients that I needed to admit each year, and there was no reason that I needed the privileges because I was not admitting patients. Therefore, as my admitting privileges expired, I did not apply to renew them.

14. Therefore, I applied to the hospital where I believed that I had a realistic chance of obtaining admitting privileges. I was very concerned about applying to hospitals where my application would almost certainly be denied because such a determination has adverse professional consequences, such as being reported to the National Practitioner Data Bank, and the denial must often be disclosed in any future application for privileges at a hospital.

15. I currently do not have admitting privileges at any hospitals within 30 miles of Women's Clinic. I applied for admitting privileges at East Jefferson General Hospital, prior to September 1, 2014, in order to attempt to comply with H.B. 388. I have not yet received a response on my pending application.

16. If H.B. 388 were allowed to be enforced at this time, I would be forced to stop providing abortion services at Women's Clinic. I would be too afraid to continue providing abortions because H.B. 388 allows the Louisiana State Board of Medical Examiners to take disciplinary action against a physician's license if the physician is not in compliance with H.B. 388, and it subjects physicians to a fine of up to $4,000 per violation.

17. In addition, it is very unlikely that I will ever be able to comply with H.B. 388. In my experience, it will be difficult, if not impossible, for me to obtain admitting privileges because of the realities upon which hospitals base these discretionary decisions – such as hospitals' religious or State affiliations, bylaw criteria that does not pertain to credentialing but

instead to economic interests regarding requirements for the number of admissions, and political pressure that anti-abortion activists are exerting on hospitals in the area.

18. Therefore, even if Dr. Doe 5 is able to maintain the admitting privileges that he has currently been granted, if H.B. 388 is allowed to be enforced, Women's Clinic will be operating with significantly diminished capacity and will not be able to maintain the quality and quantity of services that it currently provides. During 2013, 60% of all abortion services at Women's Clinic were medication abortion services, which I provided. I would not be able to provide these services if H.B. 388 is allowed to be enforced.

19. It is also very unlikely that another physician who has admitting privileges within 30 miles of Women's Clinic would begin providing abortions at the clinic in my place. Given the hostile environment in Louisiana towards abortion providers and the extreme harassment and intimidation by anti-abortion activists, most doctors are simply too afraid. For example, in July of this year, large groups of protestors gathered outside of my home on two separate days brandishing disturbing and threatening signs that included my name. Protestors also came to my private medical office, screamed threats and harassment through megaphones outside of the door, and caused severe havoc. My private gynecology patients called and told me that they were afraid to make their way through the protestors to come into my office.

20. Regardless, even if additional physicians were available and willing, the size constraints of the facility and the need to increase staff, combined with the fact that every patient must come to the clinic twice because of the 24 hour waiting period, will make it impossible for Women's Clinic to serve the increased need for abortion services.

21. This is especially so because if H.B. 388 were allowed to be enforced at this time, Dr. Doe 5 would be forced to stop providing abortion services at Delta Clinic, and the clinic

would have to close.[1] It is my understanding that two of the other three clinics in the State also believe that they will be forced to close if H.B. 388 is allowed to be enforced because their physicians also will not be able to get admitting privileges. If even a couple of these clinics close, Women's Clinic will be inundated with patients that it does not have the capacity to serve.

22. Women will at the very least face long waits to obtain appointments and be delayed in their abortion care. Although abortion is a very safe procedure, its risks increase with gestational age. I am very concerned that delay in a woman's ability to obtain abortion care as a result of H.B. 388 will expose her to unnecessary and increased health risks.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on September 19, 2014.

John Doe 6, M.D

DR. JOHN DOE 6, M.D.

[1] Further, even if it were possible for me to overcome the personal obstacles and sacrifices to begin providing abortion care again at Delta Clinic in Baton Rouge, it would be even more difficult for me to ever obtain admitting privileges at a hospital in Baton Rouge since hospitals often have strict residency requirements and I reside in New Orleans.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES LLC d/b/a HOPE MEDICAL GROUP FOR WOMEN, on behalf of its patients, physicians, and staff; BOSSIER CITY MEDICAL SUITE, on behalf of its patients, physicians, and staff; CHOICE, INC., OF TEXAS d/b/a CAUSEWAY MEDICAL CLINIC, on behalf of its patients, physicians, and staff, JOHN DOE 1, M.D., and JOHN DOE 2, M.D.,

Plaintiffs,

v.

JAMES DAVID CALDWELL, in his official capacity as Attorney General of Louisiana; JIMMY GUIDRY, in his official capacity as Louisiana State Health Officer & Medical Director of the Louisiana Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,

Defendants.

Case No. _____

DECLARATION OF JOHN DOE 1, M.D. IN SUPPORT OF PLAINTIFFS' APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

I, John Doe 1, M.D., declare under penalty of perjury that the following statements are true and correct:

1. I am a board-certified physician in Family Medicine and Addiction Medicine, and have over eight years of experience in women's health. I have worked at the Hope Medical Group for Women ("Hope") since 2006, providing medical services to women. In 2006, I began providing Informed Consent consultations at Hope, and in 2008 I began my training in providing

abortion services under the direction of Dr. John Doe 3.

2. I submit this declaration in support of Plaintiffs' Application for Temporary Restraining Order and Motion for Preliminary Injunction.

3. In 2013, I performed approximately 71% of the abortions occuring at Hope.

4. The types of complications that may occur following an abortion include infection, bleeding, uterine perforation, and retained tissue. In the overwhelming majority of cases, these complications can be handled in an outpatient setting without the need for hospitalization.

5. In my experience, the risk of complications requiring hospitalization is extremely low. In the last five years, out of more than 10,000 patients that I have directly cared for who have received abortions, only one patient has experienced complications requiring hospitalization.

6. I currently do not have admitting privileges at any hospitals within 30 miles of Hope. I applied for admitting privileges at Willis-Knighton Health System on June 17, 2014, Christus Shumpert Hospital on August 15, 2014, and Minden Medical Center on July 25, 2014. It will take at least 90 days, and likely much longer, for any hospital to process my applications, making it very unlikely that I will have obtained admitting privileges when H.B. 388 goes into effect on September 1, 2014.

7. I also inquired about applying for privileges at University Health earlier this year. On April 8, 2014, I met with Dr. Michael Harper, chairman of the department of Family Medicine, and reached a tentative agreement whereby I would receive a staff appointment and provide weekly training to medical students in a non-abortion related program. Dr. Harper indicated that an invitation to apply for privileges was to be forthcoming. On April 30, 2014, I

contacted the department of family medicine, since I had not received the promised invitation. On May 1, 2014, I spoke to Dr. Harper over the phone, and he advised me that he had "met with resistance" within the department. I believe this "resistance" is based on my affiliation with Hope. I have received no further contact from University Health.

8. Although abortion is a very safe procedure, its risks increase with gestational age. Any delay in a woman's ability to obtain abortion care as a result of H.B. 388 will expose her to unnecessary, increased health risks.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on August 21, 2014.

John Doe 1, M.D.
JOHN DOE 1, M.D.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES LLC d/b/a HOPE MEDICAL GROUP FOR WOMEN, on behalf of its patients, physicians, and staff; BOSSIER CITY MEDICAL SUITE, on behalf of its patients, physicians, and staff; CHOICE, INC., OF TEXAS d/b/a CAUSEWAY MEDICAL CLINIC, on behalf of its patients, physicians, and staff, JOHN DOE 1, M.D., and JOHN DOE 2, M.D.,

Plaintiffs,

v.

JAMES DAVID CALDWELL, in his official capacity as Attorney General of Louisiana; JIMMY GUIDRY, in his official capacity as Louisiana State Health Officer & Medical Director of the Louisiana Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,

Defendants.

Case No. _____

DECLARATION OF JOHN DOE 2, M.D. IN SUPPORT OF PLAINTIFFS' APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

I, John Doe 2, M.D., declare under penalty of perjury that the following statements are true and correct:

1. I am a board-certified obstetrician-gynecologist ("OB-GYN") with over 34 years of experience in women's health. I have worked at the Bossier City Medical Suite ("Bossier City") since 1993 and Choice, Inc., of Texas, which does business as Causeway Medical Clinic ("Causeway") since 1994, providing medical services to women.

2. I submit this declaration in support of Plaintiffs' Application for Temporary Restraining Order and Motion for Preliminary Injunction.

3. I perform approximately 25% of the abortions occurring at Causeway and all of the abortions at Bossier City. A significant percentage of my patients live at or below the federal poverty line.

4. I am the only doctor in the state of Louisiana who performs abortions after 16 weeks of gestation. I often receive referrals from maternal-fetal physicians to perform procedures on patients who must terminate a pregnancy because the fetus has been diagnosed with a severe genetic abnormality. Most of these patients are not aware of such diagnosis until 16 weeks' gestation or later.

5. The types of complications that may occur following an abortion include infection, bleeding, uterine perforation, and retained tissue. In the overwhelming majority of cases, these complications can be handled in an outpatient setting without the need for hospitalization.

6. In my experience, the risk of complications requiring hospitalization is extremely low. In the last five years, out of approximately 6,000 patients that I have directly cared for who have received abortions, only 2 patients have experienced complications requiring hospitalization.

7. I currently do not have admitting privileges at any hospitals within 30 miles of Causeway or Bossier City. On May 12, 2014, I applied for admitting privileges at Willis Knighton Bossier City. A staff member at Willis Knighton Bossier City told me that it would take at least four months for the hospital to process my application. The Chairperson of the OB-GYN department responded to my application via letter dated August 11, 2014, requesting

documentation of cases in the last year involving emergency surgery (such as a laparoscopy) that I was requesting privileges to perform. However, since I have not admitted patients requiring emergency surgery as a result of an abortion procedure in the last year, I cannot meet the hospitals' requirement that I demonstrate a history of performing recent emergency procedures.

8. I have also taken steps to obtain admitting privileges at Tulane Hospital in New Orleans but have not yet heard back from the hospital.

9. Although abortion is a very safe procedure, its risks increase with gestational age. Any delay in a woman's ability to obtain abortion care as a result of H.B. 388 will expose her to unnecessary, increased health risks.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on August 21, 2014.

Dr. John Doe 2, M.D.
DR. JOHN DOE 2, M.D

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

JUNE MEDICAL SERVICES LLC d/b/a HOPE MEDICAL GROUP FOR WOMEN, on behalf of its patients, physicians, and staff; BOSSIER CITY MEDICAL SUITE, on behalf of its patients, physicians, and staff; CHOICE, INC., OF TEXAS d/b/a CAUSEWAY MEDICAL CLINIC, on behalf of its patients, physicians, and staff, JOHN DOE 1, M.D., and JOHN DOE 2, M.D.,

Plaintiffs,

v.

JAMES DAVID CALDWELL, in his official capacity as Attorney General of Louisiana; JIMMY GUIDRY, in his official capacity as Louisiana State Health Officer & Medical Director of the Louisiana Department of Health and Hospitals; and MARK HENRY DAWSON, in his official capacity as President of the Louisiana State Board of Medical Examiners,

Defendants.

Case No. _____

DECLARATION OF JOHN DOE 3, M.D. IN SUPPORT OF PLAINTIFFS' APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

I, John Doe 3, M.D., declare under penalty of perjury that the following statements are true and correct:

1. I am a board-certified obstetrician-gynecologist ("OB-GYN") with over 33 years of experience in women's health. I am currently the medical director and have worked at June Medical Services LLC which does business as the Hope Medical Group for Women ("Hope"), in Shreveport, Louisiana, since January of 1981, providing medical services to women. I also have

maintained a private obstetrics and gynecology practice in Bossier City, Louisiana since 1996. I maintained a private obstetrics and gynecology practice in Shreveport from August of 1981 through 1996. I served on the faculty of the Louisiana State University (LSU) Medical Center Shreveport Department of Obstetrics from 1980 to 1995 as an instructor, and later as an associate professor. I was also Medical Director of the Robert Wood Johnson Rural Infant Care project from 1980 to 1986.

2. I submit this declaration in support of Plaintiffs' Application for Temporary Restraining Order and Motion for Preliminary Injunction.

3. In 2013, I performed approximately 29% of the abortions occurring at Hope.

4. The types of complications that may occur following an abortion include infection, bleeding, uterine perforation, and retained tissue. In the overwhelming majority of cases, these complications can be handled in an outpatient setting without the need for hospitalization.

5. In my experience, the risk of complications requiring hospitalization is extremely low. In the past 20 years, only 3 of my patients have experienced complications that have required hospitalization.

6. I currently have privileges at Willis-Knighton Bossier City and Christus Schumpert hospitals, both of which are within 30 miles of Hope.

7. I am able to maintain admitting privileges at Willis-Knighton Bossier City and Christus Schumpert hospitals because of my busy private OB-GYN practice. Approximately 80 to 85% of my time is spent on providing OB-GYN care other than abortions, primarily delivering babies. I do not believe I could maintain admitting privileges at a hospital within 30 miles of Hope if I did not have a busy OB-GYN practice because I rarely admit patients from Hope.

8. Approximately three years ago, my privileges at LSU Medical Center (currently University Hospital), also within 30 miles of Hope, were not renewed. When I inquired as to why this occurred, I was informed by the Chairman of the Department via email that the hospital had decided to remove doctors from the staff who had not admitted patients in many years. In a later conversation with the Chancellor of this hospital, I was informed that the Joint Commission (a hospital accrediting body) had required that all hospitals it had previously accredited not renew admitting privileges for doctors who had not admitted patients within a certain number of years. Subsequently, I have learned that University Hospital will not grant admitting privileges to doctors who have not been invited to be a member of the faculty.

9. It is my understanding that if H.B. 388 goes into effect as planned on September 1, 2014, I will be the only physician who has admitting privileges in compliance with the Act, and thus the only physician licensed to provide abortions at a clinic in the state of Louisiana. Out of fear for my personal safety, I have made the decision that I will no longer continue to provide abortions when the Act takes effect on September 1, 2014.

10. In the past month alone, I have received numerous physical and verbal threats to my life and to my reputation because of my work performing abortions. Threatening flyers have been handed out in my neighborhood and near my offices, encouraging others to harass me, my neighbors, colleagues, family and friends, and patients at my private practice.

11. I have been sufficiently scared for my own safety and the safety of my family that I have reported these events to both the police and the FBI. The FBI encouraged me to contact local police and advised me to be careful. The local police patrolled my neighborhood, accompanied me to my house, and searched the neighborhood and my house before I entered. They found a flyer on the door of my home and attached to the mailboxes of many of my

neighbors.

12. If H.B. 388 were to take effect on September 1, 2014, making me the only lawful abortion provider in the state of Louisiana, the risk to my life, to my family, to my patients and co-workers, and to my reputation would be too great for me to continue providing abortions.

13. Even if I were willing to be the only doctor in Louisiana providing abortions (which I am not), I would be unable to provide care for all of the women seeking abortions in this state. My private ob-gyn practice demands the majority of my time. Even if I were willing to continue performing abortions at Hope after the statute goes into effect, I would not be able to serve any more patients than I currently do at Hope because my time is already committed to serving other patients at my private practice. In any case, even working at Hope full-time, I could not possibly meet the entire demand for abortions in the state of Louisiana by myself.

14. Even if patients are able to obtain an abortion in another state, these patients will experience additional risks caused by delays in receiving care. Although abortion is a very safe procedure, its risks increase with gestational age. Any delay in a woman's ability to obtain abortion care as a result of H.B. 388 will expose her to unnecessary, increased health risks.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on August 21, 2014.

John Doe 3, M.D

JOHN DOE 3, M.D