



# What You Should Know If You're Considering 3-Year Medical Staff Appointments

Moving to a 3-year medical staff reapplication cycle can significantly reduce the burden on practitioners and medical services professionals without compromising patient safety or increasing regulatory/liability risks, but only if the transition is designed with a comprehensive knowledge of applicable requirements. This fact sheet intends to give your redesign efforts a kick start by offering a high-level overview of what the Centers for Medicare and Medicaid Services (CMS), accreditors, and states have to say about the issue.

## What Are the CMS and Accreditation Requirements?

CMS regulations (the "Conditions of Participation," or "CoPs") do not specify a maximum duration for medical staff membership or privileges.

- Interpretive guidelines associated with the Medical Staff CoP (42 CFR 482.22(a)(1)) recommend "that an appraisal be conducted at least every 24 months."
- Guidelines for the Surgical Services CoP (42 CFR 482.51(a)(4)) suggest that "surgical privileges [listed in the operating room's 'roster of surgeons'] be reviewed and updated at least every 2 years."
- Neither of these guidelines directly address the duration of medical staff membership or privileges.
- CMS has also determined that the standards for all 4 accrediting organizations with hospital deeming authority are equivalent to or higher than the expectations of the corresponding requirements in the CoPs.

Accreditors with Deeming Authority for Hospitals have set the following requirements:

- **The Joint Commission (TJC) extended the duration of clinical privileges** for medical staff members and privileged practitioners from 2 years to **3 years** in November 2022 by amending MS.06.01.07 EP09 and MS.07.01.01 EP 3.
- **Det Norske Veritas (DNV) sets a maximum of 3 years** for medical staff appointments and privileges (MS.12 SP.2).
- **The Accreditation Commission for Health Care (ACHC)** requires the medical staff to reappraise the qualifications of appointed or privileged practitioners at least **every 36 months**, including the summarization of data collected from ongoing professional practice evaluations (03.00.02 and 03.15.01).
- **Center for Improvement in Healthcare Quality (CIHQ) does not specify a duration** for medical staff membership. However, clinical privileges may be granted only for **36 months** or less (MS-5 H).

We believe a comprehensive process for the evaluation of a practitioner's continuing ability to practice the privileges awarded, such as a comprehensive ongoing professional practice evaluation (OPPE) program, meets the requirement for the "appraisal" referenced in the CMS interpretive guidelines and some state and accreditation requirements.

## A Review of State Requirements

- Each of the 50 states has its own unique approach to medical staff reappointment cycles. Requirements discovered in 20 states are discussed in Appendix 2.
  - We found statutes or regulations in 16 states that set a 2-year maximum for appointments, privileges, and/or "appraisals."
  - We have also included a discussion of 3 states (Kansas, Ohio, and Wisconsin) where our research revealed provisions that may cause confusion about whether a 2-year renewal requirement pertains.
- Most states have a process for waivers upon a showing of an equivalent process in keeping with nationally or regionally accepted guidelines. We would argue that extending appointments and membership to 3 years would constitute good justification for such a waiver.
- Some states establish a time frame for "appraisals" rather than membership or privileges. We believe a credible OPPE program could satisfy any such "appraisal" requirement.

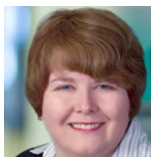
## What This Means for Your Medical Staff

- Reducing the burden of reapplication by one-third would be a significant win for each member of the medical staff and other privileged practitioners and would ease the administrative burden of the medical staff services department.
- However, your process for ongoing and focused professional practice evaluations should be comprehensive and credible, regardless of whether reapplications for privileges and membership are expected every second or third year.
- If your hospital elects to pursue this change, we encourage double-checking state and professional obligations. We recommend the following actions, at minimum:
  - Conduct a thorough review of medical staff bylaws, rules, regulations, and policies (including any policies or guidelines for medical staff departments or services).
  - Create an appreciation of the policies pertaining to any sponsored or affiliated postgraduate medical education program.
  - Complete a comprehensive review/validation of state law.
  - Consult the views of your state's hospital and medical associations.
  - Consider the impact on important internal customers, including quality, safety, compliance, and risk management.

## Are You Ready?

**We can help.** Contact us to learn more about the implications of such a change, including the impact on the medical staff services department, privilege delineation and related forms, medical staff bylaws, rules and regulations, and readiness for scrutiny during survey.

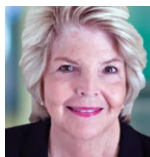
## Authors



**Mary Hoppa, MD, MBA**

Vice President, Bylaws and Governance

[mhoppa@chartis.com](mailto:mhoppa@chartis.com)



**Lisa Eddy, MSN, MHA, RN, CPHQ**

Vice President, Clinical Compliance  
and High Reliability

[leddy@chartis.com](mailto:leddy@chartis.com)



**Sally Pelletier, CPMSM, CPCS**

Chief Credentialing Officer

[spelletier@chartis.com](mailto:spelletier@chartis.com)

## Appendix 1: Requirements in All 50 States

### Survey of State Requirements Relating to Medical Staff Appointment Cycles

STATE	2-YEAR MAXIMUM			NO 2-YEAR MAXIMUM IDENTIFIED
	APPRAISAL	MEMBERSHIP	PRIVILEGES	
Alabama				●
Alaska				●
Arizona				●
Arkansas		●	●	
California	●	●		
Colorado				●
Connecticut		●		
Delaware		☐		
Florida				●
Georgia	●	☐		
Hawaii				●
Idaho		●		
Illinois				☐
Indiana				●
Iowa				☐
Kansas				☐
Kentucky				●
Louisiana				●
Maine				●
Maryland		●		
Massachusetts				●
Michigan				●
Minnesota				●
Mississippi				●
Missouri		●		

☐ = See Analysis

Survey of State Requirements Relating to Medical Staff Appointment Cycles (continued)

STATE	2-YEAR MAXIMUM			NO 2-YEAR MAXIMUM IDENTIFIED
	APPRAISAL	MEMBERSHIP	PRIVILEGES	
Montana				●
Nebraska				●
Nevada				●
New Hampshire				●
New Jersey				●
New Mexico		●		
New York	●	●	●	
North Carolina		●		
North Dakota		●	●	
Ohio				☐
Oklahoma				●
Oregon				●
Pennsylvania		●		
Rhode Island			☐	☐
South Carolina				●
South Dakota	●			
Tennessee				●
Texas				●
Utah		●		
Vermont				●
Virginia				●
Washington				●
West Virginia				●
Wisconsin				☐
Wyoming				●

☐ = See Analysis

## Appendix 2: State Requirements That May Conflict With a 3-Year Reappointment and Reprivileging Cycle

After reviewing requirements in all 50 states, we have identified requirements in the following 20 states that bear on the issue. Some seem to require medical staff reappointment, reprivileging, recredentialing, or reappraisal more frequently than every 3 years. 3 states (Kansas, Ohio, and Wisconsin) have provisions that may cause confusion about whether a 2-year renewal requirement pertains.

*Disclaimer: Be aware that this nationwide analysis is based on a high-level review of hospital licensing and related regulations and statutes. It is possible that some relevant state requirements were not discovered and, therefore, not considered.*

### ARKANSAS

**Arkansas Code Ann. 20-7-9-201 Section 6(B)** “[The Medical Staff Bylaws shall include the following information:] ... (13) Documentation of appointments, reappointments and approval of requested privileges to the medical and other authorized staff as specified in the bylaws, but at least **every two years.**”

### CALIFORNIA

**22 CCR § 70701.** Governing Body “(a) The governing body shall: ... (7) Require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices including provision that all members of the medical staff be required to demonstrate their ability to perform surgical and/or other procedures competently and to the satisfaction of an appropriate committee or committees of the staff, at the time of original application for appointment to the staff and **at least every two years thereafter.**”

This regulation does not require reappointment or reprivileging every 2 years. It does, however, require that each practitioner demonstrates their ability to perform procedures at least every 2 years. Although we believe a credible ongoing professional practice evaluation (OPPE) process would be sufficient, in most cases, to meet this requirement, California hospitals may wish to request program flexibility per 22 CCR 70129 as they implement changes to their reappointment and reprivileging cycles.

**Business and Professions Code 2282** “The regular practice of medicine in a licensed general or specialized hospital having five or more physicians and surgeons on the medical staff, which does not have rules established by the board of directors thereof to govern the operation of the hospital, which rules include, among other provisions, all the following, constitutes unprofessional conduct: (a) Provision for the organization of physicians and surgeons licensed to practice in this state who are permitted to practice in the hospital into a formal medical staff with appropriate officers and bylaws and with staff appointments **on an annual or biennial basis.** ...”

During the COVID Public Health Emergency (PHE), the Governor recognized the need for the reappointment cycle to be extended. However, the PHE in California has been rescinded.

## CONNECTICUT

**Connecticut Agencies Regulations, Section 19.13.D3(b) Administration.** *“(1) The hospital shall be managed by a governing board whose duties shall include, as a minimum:... (B) **annual or biennial appointment** of the medical staff; ...”*

## DELAWARE

Regulations applying to hospital medical staff are addressed in **Delaware Regulations; Administrative Code: Title 16. Section 2270 Subsection 4.**

For Allopathic Hospitals, Delaware adopted the “Standards for Accreditation of Hospitals Plus Provisional Interpretations,” published by the Joint Commission on Accreditation of Hospitals, 1981 Edition.

For Osteopathic Hospitals, Delaware adopted the “Requirements and Interpretative Guide for Accredited Hospitals” published by the American Osteopathic Hospital Association (AOHA), with no specified date.

We believe JCAH (as TJC was then called) required repriviliging every **two years** in the 1981 Edition of the hospital standards manual. The American Osteopathic Association (AOA) no longer has accreditation standards. (We believe the reference to the AOHA was an error since no such organization had a nationally recognized accreditation standard for hospitals. The AOA, on the other hand, was listed in the Social Security Act as one of the 2 accrediting organizations with statutory deeming authority.) Further investigation is required to determine whether the current ACHC standards apply or whether an undetermined set of standards from the early 1980s may have the effect of Delaware hospital regulations.

## GEORGIA

**Georgia Comp. Rules and Regulations 111-8-40-.11(a)(3): 3.** *“The medical staff shall evaluate at least biennially the credentials and professional performance of any individual granted clinical privileges for consideration for reappointment.”*

It may be possible for a credible OPPE process to comply with this requirement.

## IDAHO

**IDAPA 16.03.14 § 200.01.d.iii.** *“The procedure for appointment and reappointment to the medical staff shall involve the administrator, medical staff, and the governing body. Reappointments shall be made at least **biannually.**”*

## ILLINOIS

**410 ILCS 517:** Health Care Professional Credentials Data Collection Act (effective January 1, 2024). *“... ‘**Recredentialing**’ means the process **undertaken for a period not to exceed 3 years** by which a health care entity, health care plan or hospital ensures that a health care professional who is currently credentialed by the health care entity, health care plan or hospital continues to meet the credentialing criteria used by the health care entity, health care plan, or hospital.”*

## KANSAS

Although the State of Kansas requires ambulatory surgery centers to review medical staff privileges every 2 years (**Kansas Administrative Regulations 28-34-54**), we found no similar provision for the hospital medical staff (**KAR 28-34-6a**).

## MARYLAND

**Maryland Code of Regulations, Title 10, Subtitle 07, Section 10.07.01.01.24(E)(2).** *"The term of [hospital medical staff] reappointment shall be **2 years or less**."*

## MISSOURI

**CSR 30-20.021(13)** *"Bylaws of the governing body shall provide for the selection and appointment of medical staff members based upon defined criteria and in accordance with an established procedure for processing and evaluating applications for membership. Applications for appointment and reappointment shall be in writing and shall signify agreement of the applicant to conform with bylaws of both the governing body and medical staff and to abide by professional ethical standards. Initial appointments to the medical staff shall not exceed two **(2) years**. Reappointments, which may be processed and approved at the discretion of the governing body on a monthly or other cyclical pattern, shall not exceed two **(2) years**."*

## NEW MEXICO

**NMAC 7.7.2.26(D)(3): D.** *"Criteria for Appointment. Re-appointments [to the hospital's medical staff] shall be made at least biennially and recorded in the minutes or files of the governing body. Reappointment policies shall provide for a periodic appraisal of each member of the staff, including consideration at the time of reappointment of information concerning the individual's current licensure, health status, professional performance, judgment and clinical and technical skills. Recommendations for re-appointments shall be noted in the minutes of the meetings of the appropriate committee...."*

## NEW YORK (REVISED 11/1/23)

**New York Codes, Rules and Regulations, Volume C (Title 10) Part 405, Section 405.4(b)(4)** *"The medical staff shall examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates in accordance with the provisions of this Part and the New York State Public Health Law. Following the initial appointment of medical staff members, the medical staff shall conduct periodic reappraisals of its members, **on at least, a biennial basis**."*

**New York Codes, Rules and Regulations, Volume C (Title 10) Part 405, Section 405.6(b)(7)** *"The [quality assurance] committee shall oversee and coordinate the following: (i) the establishment of a medical, dental, and podiatric staff privileges review procedure through which credentials, physical and mental capacity, and competence in delivering health care services are reviewed at least **biennially** as part of an evaluation of staff privileges and in accordance with section 405.4 of this Part."*



## NORTH CAROLINA

**10A NCAC 13B .3703 (d)** *“Medical staff appointments shall be reviewed at least once every **two years** by the medical staff in accordance with the bylaws established by the medical staff and approved by the governing body, and shall be followed with recommendations made to the governing body for review and a final determination.”*

## NORTH DAKOTA

**ND Admin Code § 33-07-01.1-15 1.b.** *“The mechanism for appointment, reappointment, and renewal of medical staff membership, and the granting of clinical privileges initially and at least **every twenty-four months** as a part of an evaluation of staff membership. Medical staff membership and clinical privileges shall be granted by the governing body based on medical staff recommendations in accordance with the bylaws, rules, regulations, and policies of the medical staff and the hospital.”*

## OHIO

Ohio has no general rule requiring reappointments/recredentialing less than 3 years.

Rather than adopt its own licensing rules, Ohio (in Revised Ohio Administrative Code Chapter 3701-59) requires hospitals to “register” with the state and report capacities, volumes, etc. to the state. Rather than establishing distinct licensing regulations, the Ohio Administrative Code requires hospitals to be either Medicare certified or accredited by a CMS-approved accreditor, which means that the CMS or Accrediting Organization’s rules would apply.

One point of confusion is language in Ohio Administrative Code Section 3335, which specifies a 2-year reappointment cycle for medical staff members. However, this regulation **only applies to Ohio State University Hospital** and does not apply to other hospitals in the state.

## PENNSYLVANIA

**Title 28 (Health Facilities) Section 107.5(c)** *“Reappointment shall be required of every member of the medical staff at regular intervals no longer than **every 2 years.**”*

## RHODE ISLAND

Rhode Island limits privileges for advanced practice clinicians to 2 years. However, we did not identify a timeframe for **physician** appointments or privileges.

**216-40-10 R.I. Code R. § 4.5 M.4. Advance Practice clinicians: 4.** *“The hospital shall document clinical privileges granted to advance practice clinicians. These documents shall be reviewed no less than every two (2) years by the medical staff so as to reflect current operations within the hospital and the continued competency of the advanced practice clinician.”*

## SOUTH DAKOTA

**S.D. Admin. R. 44:75:04:02** *"A hospital shall have a medical staff organized under bylaws and rules approved by the governing body and responsible to the governing body of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members. The responsibility for the conduct of medical staff affairs shall be assigned to an individual physician. The medical staff shall establish a credentials committee to review the qualifications of practitioners applying for admitting or patient care privileges and recommend to the governing body practitioners eligible for appointment to the medical staff by the governing body. The review shall include recommendations regarding delineation of admitting and patient care privileges. The medical staff shall conduct **appraisals** of its members at least **every two years**."*

A credible OPPE process may meet this requirement as long as each practitioner's performance is summarized and reviewed by a Medical Staff committee at least every 2 years.

## UTAH

**R432-100-7(9)** *"The medical and professional staff shall review appointments and re-appointments to the medical and professional staff at least every two years."*

## WISCONSIN

The Wisconsin rule for biennial medical staff appointments (DHS 124(4)(a)) was repealed by the legislature but remains on their website for reference. These requirements were replaced by the Uniform Licensure code, which adopts the Medicare Conditions of Participation by Reference (Section 50.36).