

**SENATE . . . . . No. 814**

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Nine**  
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An Act to provide for the autonomy for hospital medical staffs..

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Chapter 111 of the General Laws, as appearing in the 2006 Official Edition,  
2 is hereby amended by inserting after section 57D the following new section: -

3 Section 57E. (a) For the purpose of this section, the following words shall have the  
4 following meanings:-

5 "Governing Board" means the Board of Trustees, the Board of Directors or the  
6 equivalent, of a hospital.

7 "Hospital" means any hospital licensed under section 51 of this chapter.

8 "Medical staff" means those physicians and other health care professionals who are  
9 privileged to attend patients in a hospital.

10 (b) Purpose.

11 The General Court finds that:

12 (1) Providing quality medical care in hospitals depends on the mutual accountability,  
13 interdependence, and responsibility of the medical staff and the hospital governing board for the  
14 proper performance of their respective obligations;

15 (2) The final authority of a hospital governing board may be exercised for the  
16 responsible governance of the hospital or for the hospital's business, but this final authority may  
17 only be exercised with a reasonable belief that the medical staff has failed to fulfill a substantive  
18 responsibility in matters pertaining to the quality of patient care;

19 (3) It would be a violation of the medical staff's self-governance and independent rights  
20 for the hospital governing board to assume a duty or responsibility of the medical staff  
21 precipitously, unreasonably, or in bad faith;

22 (4) The specific actions that would constitute bad faith or unreasonable action on the part  
23 of either the medical staff or the hospital governing board will always be fact-specific and cannot  
24 be precisely described in statute;

25 (5) The provisions set forth in this section and sections 57E to 57G inclusive do nothing  
26 more than provide for the basic independent rights and responsibilities of a self-governing  
27 medical staff;

28 (6) Ultimately, a successful relationship between a hospital's medical staff and the  
29 governing board depends on the mutual respect of each for the rights and responsibilities of the  
30 other.

31 (c) Requirements.

32 (1) The medical staff's right of self-governance shall include, but not be limited to, all of  
33 the following:

34 (i) establishing, in medical staff bylaws, rules, or regulations, criteria and standards,  
35 consistent for medical staff membership and privileges, and enforcing those criteria and  
36 standards;

37 (ii) establishing, in medical staff bylaws, rules, or regulations, clinical criteria and  
38 standards to oversee and manage quality assurance, utilization review, and other medical staff  
39 activities including, but not limited to, periodic meetings of the medical staff and its committees  
40 and departments and review and analysis of patient medical records;

41 (iii) selecting and removing medical staff officers;

42 (iv) assessing medical staff dues and utilizing the medical staff dues as  
43 appropriate for the purposes of the medical staff;

44 (v) the ability to retain and be represented by independent legal counsel at the  
45 expense of the medical staff;

46 (vi) initiating, developing, and adopting medical staff bylaws, rules, and regulations, and  
47 amendments thereto, subject to the approval of the hospital governing board, which approval  
48 shall not be unreasonably withheld.

49 (2) The medical staff bylaws shall not interfere with the independent rights of the  
50 medical staff to do any of the following, but shall set forth the procedures for:

51 (i) selecting and removing medical staff officers;

52           (ii) assessing medical staff dues and utilizing the medical staff dues as appropriate for  
53 the purposes of the medical staff;

54           (iii) the ability to retain and be represented by independent legal counsel at the expense  
55 of the medical staff.

56           (3) With respect to any dispute arising under this section, the medical staff and the  
57 hospital governing board shall meet and confer in good faith to resolve the dispute. Whenever  
58 any person or entity has engaged in or is about to engage in any acts or practices that hinder,  
59 restrict, or otherwise obstruct the ability of the medical staff to exercise its rights, obligations, or  
60 responsibilities under this section, the Superior Court, on application of the medical staff, and  
61 after determining that reasonable efforts, including reasonable administrative remedies provided  
62 in the medical staff bylaws, rules, or regulations, have failed to resolve the dispute, may issue  
63 appropriate relief, including but not limited to injunctive relief while the matter is under  
64 dispute.

65           SECTION 2. This Act shall take effect on January 1, 2010.