

**Joint Commission**

on Accreditation of Healthcare Organizations

Setting the Standard for Quality in Health Care

Harold J. Bressler
General Counsel
Direct Tel (630) 792-5672
Direct Fax (630) 792-3090
hbressler@jcaho.org

VIA FACSIMILE TRANSMISSION - (650) 331-4515
& U. S. MAIL SERVICE

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Patrick Shannon, Esq.
Mayer, Brown, Rowe & Maw LLP
2 Palo Alto Square, Ste 300
Palo Alto, California 94306-2112

Dear Mr. Shannon:

As you know, you and I have spent considerable time talking about the application of Joint Commission standards relating to licensed independent practitioners, as that term is used by the Joint Commission, and the administration of anesthesia by certified registered nurse anesthetists ("CRNAs") in California. You expressed concern that you understood, in the case of two hospitals which are part of a hospital group, that Joint Commission surveyors had said that California law prevents California CRNAs from being treated as licensed independent practitioners. You believe the result was that those hospitals had been cited for deficiencies in compliance with Joint Commission standards requiring that a licensed independent practitioner concur with the pre-anesthesia evaluation engaged in by a CRNA, if the CRNA is not, in fact, categorized as a licensed independent practitioner with legal authority and appropriate privileges granted through a hospital's medical staff privileging process to independently be responsible for that evaluation. I explained to you that confidential accreditation communications are privileged under applicable law, and that I could not confirm or deny such communications with any California hospitals.

However, you and I did discuss the fact, as I have confirmed several times with you, that the Joint Commission does not engage in providing legal opinions about any applicable state law, and that it defers to considered legal judgments on applicable law made by accredited organizations, unless an authoritative governmental source responsible for enforcement of any such law expresses its own opinion. In that circumstance, the Joint Commission would rely on such an authoritative governmental source.

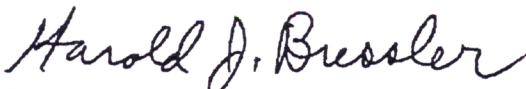
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I also told you that if no such authoritative source had issued an opinion on relevant state law, it would be inappropriate for Joint Commission surveyors to express such an opinion. In fact, upon rare occasion when that has occurred and I have learned of those circumstances, I have made sure the surveyors were reminded of this policy.

We have also discussed that, of course, an accredited organizations, in a state which has law the organization concludes permits CRNAs to be licensed independent practitioners, can still choose to require, as a matter of its own policy, concurrence by a surgeon, for example, with the pre-anesthesia plan. I think you are clear that the test under Joint Commission standards for whether one is a licensed independent practitioner is two pronged – whether state law permits such treatment and whether the hospital chooses to pursue policies permitted by that status including following medical staff privileging procedure.

Finally, I have not been made aware of any authoritative governmental agency opinion that CRNAs at this time under applicable California law are not eligible to be treated as licensed independent practitioners. Therefore, again, the Joint Commission would defer to the considered legal judgments made by California accredited hospitals relying on appropriate legal counsel. I would, of course, tell that to representatives of any accredited hospital in California, and you are free to ask any of them to contact me. In addition, you are perfectly free to copy and disseminate this letter as you see fit. I will also take appropriate steps to try and ascertain whether any confusion on this point exists in California, and, if so, to communicate the Joint Commission's position.

Sincerely,



Harold J. Bressler
General Counsel