



September 15, 2026

Via Electronic messaging: paperwork@hrsa.gov

Subject: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners - 45 CFR Part 60 Regulations and Forms, (OMB No. 0906-0081 – Revision), Federal Register Doc. 2026-14476

Dear Sir/Madam,

Highmark Inc. (Highmark) is one of the nation's largest health insurance organizations and an independent licensee of the Blue Cross Blue Shield Association, serving millions of members across Pennsylvania, Delaware, Kansas, Missouri, West Virginia, and New York. Through its affiliated companies, Highmark offers a broad range of health insurance products and services, including commercial coverage, Medicare, Medicaid, pharmacy benefits, and care management programs.

Highmark is committed to improving health outcomes, enhancing the patient experience, and advancing affordable, high-quality care through innovative approaches to health care delivery and financing. As a health insurer with a strong focus on patient safety, quality improvement, provider accountability, and informed consumer decision-making, Highmark has a significant interest in policies governing the collection, reporting, and use of practitioner quality and disciplinary information, including the operations of the National Practitioner Data Bank (NPDB).

Highmark appreciates the opportunity to comment on the Health Resources and Services Administration's (HRSA) proposed revision to the National Practitioner Data Bank (NPDB) information collection requirements. We support the overall purpose of the NPDB as a tool to promote patient safety, support credentialing activities, and prevent practitioners with serious adverse actions from avoiding accountability by moving across organizations or states.

While we support continuation of the NPDB, we believe there are important limitations in the current framework that warrant consideration as HRSA evaluates future improvements to the system.

Limited Access to NPDB Information

The NPDB is primarily designed for use by hospitals, health plans, licensing boards, credentialing organizations, and other authorized entities. Although practitioners may conduct a



self-query, patients and members of the general public cannot directly access NPDB information. As a result, the database functions largely as a professional credentialing and oversight tool rather than a consumer transparency resource.

This restricted access limits the ability of patients to independently evaluate information that may be relevant to their health care decisions. While there are legitimate concerns regarding confidentiality, due process, and the potential for misinterpretation of reports, HRSA should consider whether additional mechanisms could be developed to provide consumers with meaningful and understandable information regarding practitioner disciplinary actions and adverse findings.

Importance of Timeliness

The utility of any provider oversight database depends on the timeliness of the information available through it. In our experience, other federal transparency initiatives, such as the Centers for Medicare & Medicaid Services (CMS) Open Payments database, often contain information that is 18 to 24 months old by the time it is publicly available. Such delays substantially diminish the value of the information for decision-making purposes.

Although the NPDB serves different purposes than Open Payments, HRSA should continue to evaluate opportunities to improve the timeliness of reporting and dissemination. Delayed information limits the usefulness of the database for employers, credentialing organizations, health plans, and practitioners seeking accurate and current information regarding professional conduct and disciplinary history.

Patient Safety Considerations

The NPDB serves an important patient safety function by enabling authorized entities to identify potentially problematic patterns of practitioner behavior and adverse actions. However, stakeholders have raised concerns the current structure may inadvertently create barriers to broader quality improvement efforts.

For example, some commentators have argued fear of a permanent adverse report may discourage open discussion of medical errors and discourage participation in initiatives designed to learn from mistakes and improve patient safety. Others have noted the database's limited public accessibility reduces patients' ability to use this information when making health care decisions. Critics contend restricting public access prevents patients from evaluating potentially relevant information, while supporters maintain broader disclosure could discourage candid reporting and undermine the effectiveness of the system.



These competing policy considerations illustrate the need for HRSA to continue assessing whether the NPDB strikes the appropriate balance between practitioner accountability, patient protection, transparency, and a culture of continuous quality improvement.

Future Considerations

As HRSA evaluates future modifications to NPDB operations and reporting requirements, Highmark encourages the agency to consider:

- Whether greater patient access to certain categories of practitioner information could improve informed decision-making while preserving appropriate privacy and due process protections.
- Opportunities to improve the timeliness of reporting and data availability.
- Mechanisms to ensure the NPDB continues to support patient safety and quality improvement efforts without creating unintended disincentives for transparent error reporting and organizational learning.
- Whether additional public-facing educational resources could help patients better understand practitioner qualifications, disciplinary actions, and the limitations of available reporting systems.

Conclusion

We appreciate HRSA's continued efforts to maintain the NPDB as an important component of the nation's health care oversight infrastructure. While the NPDB remains a valuable credentialing and patient safety resource, improvements related to accessibility, transparency, and timeliness could further strengthen its effectiveness and utility for both health care organizations and the public.

Thank you for your consideration of these comments.

Respectfully,

A handwritten signature in blue ink, appearing to read "Amy Sawyer", with a stylized flourish at the end.

Amy Sawyer

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Footnote citations

1. Health Resources and Services Administration, *National Practitioner Data Bank Guidebook*, explaining that NPDB information is available only to authorized entities and that the general public does not have access to NPDB reports. Available at: <https://www.npdb.hrsa.gov>.
2. Mello MM, Studdert DM, Brennan TA. "The National Practitioner Data Bank and Physician Accountability." *JAMA*. Discussing the NPDB's role in patient safety, physician accountability, and reporting concerns.
3. Government Accountability Office (GAO), reports concerning physician oversight and practitioner data reporting systems, discussing strengths and limitations of adverse action reporting systems.
4. HRSA, *National Practitioner Data Bank Guidebook*, sections describing the purpose of the NPDB as a flagging system intended to support credentialing, peer review, and patient safety activities.
5. CMS Open Payments program documentation describing publication lags associated with annual submission, review, and publication cycles. (Support for comments regarding the value of timely transparency data.)