

Edward Pontius  
Portland, Maine  
LD 224

Senator Bailey, Representative Perry and Members of the Committee On Health Coverage, Insurance and Financial Services-

I am a Maine resident and a psychiatric physician. I've been practicing in Maine for the past 25 years. I care about the health and welfare of the people of Maine and I want to do what I can to help ensure that Maine has the physician workforce needed now and in the future. I write to you today to express my strong support for LD 224, 'An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement'.

As you've likely learned by now, Maintenance of Certification (MOC) is a process of on-going credentialing developed by specialty boards of the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA)- boards such as the American Board of Psychiatry and Neurology (ABPN). These boards have for decades managed the process of 'Board Certification'- establishing whether a physician with specialty training has achieved mastery of knowledge and skills and deserves to be acknowledged as a peer practicing in that specialty. Board-certification has had a value for physicians and for the public.

In recent years, boards in the various specialty organizations within ABMS/AOA have been tireless in promoting another product- 'Maintenance of Certification'. Rather than a once-in-a-career process (the way Board Certification had functioned previously) 'MOC' is a certification process with a short shelf-life that ties specialty physicians to time-consuming and expensive training and testing requirements throughout their careers.

Healthcare is important and decisions about healthcare policy affecting every specialty in medicine and impacting every member of the population deserve to be based on evidence. Behind the self-serving platitudes and hype provided by the specialty organizations within ABMS/AOA, there is NO data demonstrating that the expensive and burdensome MOC process benefits patients or patient outcomes. This hasn't stopped the lobbying of very well-funded specialty organizations within ABMS/AOA. MOC has unfortunately become a de facto requirement in many states, with licensing boards, insurers, and hospitals demanding MOC for licensure, reimbursement, and privileging.

Maine already has a process to ensure that physicians continue to stay up to date including documenting continuing medical education for each bi-annual license renewal. Requiring of physicians an additional MOC process, a process unsupported by evidence, will not improve health care in Maine.

To the contrary- allowing MOC to be imposed on Maine physicians makes our state LESS ATTRACTIVE for much-needed physicians to come and practice here. I have had considerable experience with recruiting physicians to our state. As a former Medical Director I was tasked with recruiting psychiatrists and child psychiatrists to serve across the state. I frequently would hear concerns from young physicians, worried about providing for their families in Maine and the opportunity to pay off the substantial debts accumulated during their specialty training. If MOC is allowed to stay in place in Maine it gives physicians an opportunity to consider whether they want to give up the unending hours and the substantial fees that MOC demands. And Maine needs to stay attractive and competitive. In my specialty of psychiatry, HRSA forecasts a national shortage of 18,000-21,000 psychiatrists by 2030. We need to do all we can to recruit and retain Maine physicians for the years to come.

LD 224, 'An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement', will help to maintain Maine as wonderful place for physicians to come and practice. I ask that you please support this legislation.

Thank you.

Edward Pontius, MD

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