

Julie Keller Pease, MD; Topsham, Maine; February 9, 2023

Testimony regarding LD224 "An act to strengthen Maine's healthcare workforce by preventing discrimination by requiring Maintenance of Certification for insurance reimbursement."

Senator Bailey, Representative Perry and members of the Committee on Health Coverage, Insurance and Financial Services

Thank you for this opportunity to submit testimony in support of LD224. I am a physician, and I have been continually licensed in the state of Maine since 1987. I was certified by the American Board of Psychiatry and Neurology in general psychiatry in 1989, and in geriatric psychiatry in 1996. I have practiced in a variety of settings in Maine. I have been credentialed with six different hospitals, while practicing medicine in Maine. I have been recognized by my colleagues with two prestigious awards: a Distinguished Fellowship in the American Psychiatric Association, and the Ulrich Jacobsohn Lifetime Achievement Award in Psychiatry.. I pride myself on delivering the highest quality of medical care, and have been uniformly appreciated by both patients and employers alike for my contributions to the health and well-being of my patients.

However, I do not participate and have never participated in Maintenance of Certification. I was "grandfathered". Physicians certified in psychiatry before October 1, 1994 were granted lifetime certification.

The majority of my colleagues in medicine who are equally well qualified, and also outstanding in their fields, are being forced by employers and insurance companies to participate in Maintenance of Certification. They must spend thousands of dollars and hundreds of administrative hours on a process, which does not benefit patients, does not improve the quality of patient care. This is discriminatory. It also adds to physician burden of paperwork and administrative red tape, which in turn reduces valuable time that could better be spent on clinical work.

There is no convincing evidence supporting the value of Maintenance of Certification. There is no convincing evidence demonstrating that those physicians who participate in Maintenance of Certification are more qualified than those who do not. Most of the studies evaluate the value only of initial board certification, and not Maintenance of Certification. Most physicians who participate in Maintenance of Certification do so because of employer or insurance mandates, and not because of any value or relevance to their day-to-day practice, or as a means of keeping current with new developments.

Maintenance of Certification is redundant. There are plenty of better opportunities to remain up-to-date and competent in a physician's chosen field, including continuing medical education, courses, trainings, seminars, journal groups, and peer supervision. The Maine Board of Licensing in Medicine already requires documentation of continuing medical education for maintenance of licensure. Many if not all specialty societies also require CME as part of annual

membership. Many employers also mandate and or provide additional trainings, which, in my most recent positions, included topics, such as domestic violence, suicide, prevention, infection, control, HIPAA, and privacy, sexual-harassment, and child abuse, mandated reporting.

Hospitals and other physician employers have access to several different means to monitor and ensure the competence of their physician employees. Complaints must be disclosed by physician applicants in licensing and hiring situations. Hospitals and other entities often employ credentialing companies to check out prospective staff, and to keep track of physicians, continuing medical education efforts. In addition, the federal government also maintains the national practitioner data bank, which collects information on medical malpractice and other adverse actions.

Maintenance of Certification places a discriminatory and unnecessary burden on physicians. Some specialty certification boards charge more than others, some demand more time and paperwork than others. Some physicians are required to participate in maintenance of certification in order to stay employed, whereas others are not.

Maintenance of Certification is expensive and time consuming for physicians. This has a number of negative effects. It increases costs for physicians, and their employers, who then pass on these costs to patients. It has no value to our healthcare system. It discourages physicians from private practice, as Maintenance of Certification study and paperwork are completed after working, long hours, and expenses come out of physician's own pockets.

Finally, it adds yet another layer of red tape and hassle in a healthcare system already overburdened by administrative waste.

The enactment of LD224 would be an excellent step toward reducing discrimination AND unnecessary red tape and over-regulation for our profession.

Thank you for your consideration.

Reference: Boarded to Death: Why Maintenance of Certification is Bad for Doctors and Patients; New England Journal of Medicine, 2015; 372:106-108