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LD 224

Testimony regarding LD224 "An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement"

Dear Committee Members:

Thank you for this opportunity to submit testimony in support of LD224. My name is Andres Abreu. I am a physician and I practice psychiatry in Downeast. I completed my residency at Maine Medical Center, and apart from a brief time outside the state to pursue fellowship training in Massachusetts, I have been living and working in Maine since 2013. I make my home in Southwest Harbor, and I have seen firsthand the difficulties of recruiting physicians to practice in our largely rural state. In 2017, I worked with my professional organization to advocate for the passage of LD1200 which also addressed Maintenance of Certification and I hope that you will support the current bill.

I would like to start by stating the obvious--the path to becoming a physician is long and arduous. The journey begins in college and includes all the pre-requisite coursework as well as the Medical College Admission Test (MCAT). Of course, then there's medical school, which itself is four years of intense study. It is during medical school that students begin to take their licensing exams. For allopathic students, these exams are called the United States Medical Licensing Examination and there are three parts: Step 1, Step 2, and Step 3. Each exam is about 8 hours long. Step 3, is typically completed in the first year of residency, which is commonly referred to as internship. The length of residency varies by specialty and ranges from 3 to 7 years. Many physicians opt to pursue further specialization after completing their residency training and do so through a fellowship program. The duration of fellowship also varies widely and ranges from 1 to 4 years. Fellowship is what trains a physician to become a cardiologist, child psychiatrist, oncologist, breast surgeon, endocrinologist, pediatric nephrologist, and many other different types of specialists.

In Maine, allopathic physicians are able to apply for a Maine medical doctor license through the Board of Licensure in Medicine after having passed their Step examination and completing three years of post-graduate training or residency. Once licensed to practice in Maine, physicians are required to complete a minimum of 40 hours of Continuing Medical Education (CME) in order to renew a medical license. Most physicians complete many more hours of CME beyond the 40 CME requirement (in my case, I have earned just about 950 CME credits over the past 5 years).

Separate and apart from the medical licensing process, many physicians opt to participate in an additional, voluntary process called board certification. Board certification has been a way of demonstrating competency in a specific medical specialty or subspecialty through an examination process. The psychiatry board examination is an 8 hour long exam and usually is completed the year after completing a psychiatry residency program. In the past, specialty board certification was valid for the duration of a physician's career.

I am proud to have passed my initial board certification in 2017 and I am now a diplomate of both the National Board of Physicians and Surgeons and the American Board of Psychiatry and Neurology. However, over the last two decades, medical specialty boards have been creating ever more onerous and expensive hurdles for physicians participating in the board certification process. These new programs are

named Maintenance of Certification (MOC) and require physicians to participate in continuous re-certification in order to maintain their board certification status.

This is problematic for many reasons. Put simply, a physician who has completed all the above steps in order to be a well-trained, competent, licensed physician in good standing with the State medical board, but who does not participate in MOC, faces discrimination in terms of insurance empanelment and insurance reimbursement. This is why I cannot simply elect not to participate in MOC. This has led to a situation in which physicians have been coerced into participating in Maintenance of Certification programs in order to practice medicine and treat their patients.

MOC is redundant because the Maine Board of Licensure in Medicine already requires Continuing Medical Education. MOC is also expensive and time-consuming, and has not demonstrated meaningful benefits in terms of improving quality of care or patient outcomes. MOC represents increased bureaucracy and increased physician burn out. MOC represents a private, non-governmental tax on physicians that is ultimately passed down to patients in terms of increased costs, shorter visits with their doctor, and longer wait times to see a physician. MOC equals fewer physicians due to earlier retirements, more physician shortages, and greater difficulty recruiting physicians.

In these times of public health crisis, MOC is getting in the way of doctors being able to treat patients. Maintenance of Certification is what LD224 attempts to address by focusing on two specific, but extremely significant issues—insurance empanelment and insurance reimbursement.

In a world of political hyper-polarization, LD224 is a bill that should appeal to Democrats, Republicans, Greens, Independents, Socialists, Trump supporters, Biden supporters, fiscal conservatives, social liberals and everyone in between.

Passage of LD224 is a win-win-win. It's good for patients, good for doctors, good for hospitals, good for job creation, and good for business. Passage of LD224 means less red tape, and more focus on delivering healthcare. It also means physicians with more time to focus on their patients, and less time spent completing busy work that detracts from the practice of medicine and care of patients.

Passage of LD224 is good for most everyone, except insurance companies that will have to pay out more of their members' claims, and out-of-state specialty board organizations that will see a loss in their revenue stream with physicians having greater freedom not to participate in MOC. In short, LD224 is good for patients, good for doctors, good for business, and good for job creation.

Respectfully,  
Andres Abreu, MD