

Testimony in support:

LD 224, "An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement"

February 9, 2023

Health Coverage, Insurance and Financial Services Committee

Senator Bailey, Representative Perry and members of the Health Coverage, Insurance and Financial Services Committee, my name is Hamish Haddow. I am a Psychiatrist in Maine, and I am licensed by the Maine Board of Licensure in Medicine, as are all MD's. DO's (an equivalent degree) are licensed by the Board of Osteopathic Medicine. We are required to re-license every 3 years, and must prove 150 hours of continuing medical education (CME) over those 3 years. This is independent of the additional requirements imposed by the American Board of Psychiatry and Neurology, through which I am also certified; it may come as no surprise that the ABPN Maintenance of Certification (MOC), which is currently a requirement by many insurers for coverage, charges substantially more than the Maine BOLIM.

I have just completed my first certification through the ABPN, following my graduation from residency last year. At that time I took a certification exam, which is independent of the additional requirements for MOC. Ongoing examination to ensure competence is most appropriate, and I participate in this most willingly understanding that this is part of how we keep our workforce up to date and competent; I am disturbed by the fact that most non-physician providers do not have to take an exam to prove competence over time as we do. However, in addition to the exam, I am required to complete CME that comes directly from the ABPN, and for which I have to pay the ABPN. The CME I do for my licensure does not count toward this requirement. While continuing education is a pillar of medical practice, and all physicians of good conscious are engaged in constant ongoing learning and self-betterment, this practice by specialty licensing boards is redundant to the practices already in place through BOLIM and healthcare institutions, and serves primarily to generate large amounts of revenue on behalf of the specialty boards. While business are certainly entitled to make a profit, this profit comes at the cost of substantial time and expense that could be better used in the pursuit of direct patient care, the reason most of us are in medicine in the first place. If the money and time used for CME is spent on MOC through specialty boards, this limits the capacity of physicians to attend conferences and educational programs that are of interest to them, and provide new skills and knowledge a community needs. This risks obvious impacts to the overall health of our communities, both directly in lost time and distracted focus and indirectly through the early retirement of physicians who grow tired of this unnecessary and repetitive activity that seems less motivated by patient outcomes than profit.

Moral injury in the field of medicine has taken a substantial toll on the workforce in recent years; I see this both in my colleagues and in my patients. Most physicians take pride in the parts of their work that still involve direct patient care, but this proportion seems to be dwindling as an increase in ancillary tasks builds. We know that doing the work that fuels us tends to combat moral injury, and helps in physician retention; and engaged physician who can focus on their

patients seems quite likely to deliver higher quality care. Unfortunately, for a number of reasons, a large portion of our time is spent charting, making sure data is entered so insurance companies will cover the care we provide rather than declining and passing the cost on to our patients. We spend time talking to insurance companies to get prior authorization for medications and imaging studies our patients need. MOC represents another task that does not lead to better outcomes for patients and instead serves as a hurdle in a series of hurdles that stand between a physician and their patients.

Please protect physicians from this superfluous discrimination by insurance companies and vote "ought to pass" on LD 224.

Thank you.

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