

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 Mary Dudzik. I am a Family Practice doctor in Maine, and I am licensed by the Maine Board of Medicine, as are all MD's. DO's 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. I just renewed my license, the cost of that was just under \$1000. The cost of 150 hours of education was \$3500, not including travel. I report my CME to the American Academy of Family Physicians, who keep track of it for me. Yearly cost of that is \$725, and goes up every year.

I am certified by the American Board of Family Medicine (ABFM), and I have been since 1992 when I finished residency. At that time I took a certification exam, and for the first 15 years or so of my career I was required to take an exam to measure competency every 7 years. Truly, I have no problem taking an exam to make sure I am competent, I think it is a good idea for all clinicians, and I am disturbed by the fact that many specialties and all nurse practitioners do not have to take an exam to prove competence over time like we do. However over the last 15 years or so, the ABFM has moved to a MOC model where you need to certify every 3 years. In addition to the licensing requirements outlined above, I need to do CME that comes directly from the ABFM, which I have to pay the ABFM for. The CME I do for my licensure does not count towards the "50 points" the ABFM wants me to do through them. This is composed of three 10 point units that I can choose from, focused on a specific topic such as women's health, pediatrics, heart disease, etc. Each of these takes hours of online learning, each costs around \$300. And I have to do a quality project that counts for 20 points using my own patient charts. I can pick from topics such as improving diabetic blood sugar control, improving patients' blood pressures, and others that are all worthy of improving. This quality project is something that has to be done over months. You need to identify something you want to improve, come up with a plan, discuss it with your office, implement it, and follow over time to see if it is working. The problem is, these are all topics that are part of quality assurance in all health care institutions; it is redundant. We do this all the time already, and we have staff to help us. And at a cost of \$500 dollars, it is a costly way to show work that has already been done and doesn't come near to compensating us for the work we had to do. The "reward" for all that is that we now only take a certification exam every 10 years instead of every 7 years, an exam that costs \$1200 between the exam fee and the fee for where you take the exam.

Most employed family physicians have a CME budget, which we can use for CME as well as MOC. Most institutions in Maine give MD's around \$3500 if they are full time, and it is prorated down if you are part time. MOC is the same whether you are part time or full time. If you are independent or your employer does not provide money for CME, you can see that it is quite a

large out of pocket expense. If money for CME is spent on MOC, there is no way for doctors to attend conferences and educational programs that are of interest to them, that might provide new skills and knowledge a community really needs. And in the long run that means the health of a community has less room to grow.

But more than the cost and the time of MOC, what is the most difficult is the duplication of what is already being done as part of hospital privileges and state licensing. This feels like a money grab by the ABFM, who is charging members every 3 years now instead of every 7-10 years while increasing their profits and causing us to do more work. I know physicians that have left medicine rather than go through another certification cycle.

The number of physicians suffering from burnout is at an all time high, that is well known. Most doctors, like me, love their patients, love the work of actually caring for patients. Sadly that is no longer the major part of our job, that is not where most of our time is spent. Most of our time is spent charting, making sure data is entered so insurance companies pay our employer or us. We spend time talking to insurance companies to get prior authorization for medications and imaging studies our patients need. Please do not allow MOC to be yet another hoop doctors have to jump through in order to pay us for the hard work we do. It will increase burnout and will be the last straw for a lot of docs who are overwhelmed and simply cannot cope with any more busy work to lengthen their days and shorten their careers. This will ultimately impact patient care, as those doctors left will have less time to see patients and more patients to see. All because insurance companies are looking for yet another way out of paying for patient care.

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

Thank you.

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