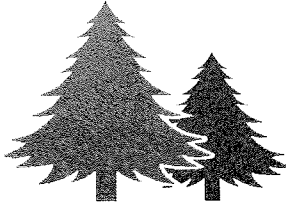


Maine Association of Psychiatric Physicians



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

Thursday February 9, 2023
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Good afternoon Senator Bailey, Representative Perry and member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Henry Skinner, M.D. and I am grateful for your consideration of my testimony on behalf of the Maine Association of Psychiatric Physicians in support of LD 244, "An Act to Strengthen Maine's Health Care Workforce by Preventing Discrimination by Requiring Maintenance of Certification for Insurance Reimbursement"

Everyone agrees that physicians keeping up to date in their medical knowledge and clinical skills is vitally important to excellent medical care. In the past several years, however the system of Board Certification that is meant to support physician competence has evolved into something excessively onerous and time consuming without improving patient care at all.

Physicians are licensed by the state medical board to practice medicine, but in recent years, certification by one of the American Board of Medical Specialties (ABMS) member boards has become a de facto requirement to practice medicine. Without ABMS board certification, most physicians in our state join insurance panels or be hired by a healthcare organization.

The American Board of Medical Specialties (ABMS) member boards are private, ostensibly non-profit organizations with no accountability. They have recently imposed time-consuming Maintenance of Certification requirements on physicians

that result in no proven or even perceived benefit to patient care. ABMS certification requirements have crept into the fabric of healthcare regulation. Almost all insurance companies require contracted physicians be ABMS board certified and hospitals usually require ABMS certification for hospital privileges. Thus, in recent years, the private ABMS member boards have become de-facto regulators of physician practice.

Maintenance of Certification now requires participation in a 4-part scheme: maintain an unrestricted medical license, complete self-assessment exercises every 3 years, design and execute performance-in-practice exercises every 3 years, earn CME credits, and pass a large written exam every 10 years.

More than 30 medical studies, summarized in the New England Journal of Medicine¹, sought to detect a difference in clinical outcomes between board certified and non-certified providers. No meaningful differences could be discerned in clinical outcomes ranging from blood pressure control in the office setting² to treating acute heart attacks in the emergency department³. A literature review by Rebecca Lipner, a paid officer of the ABIM, came to the same conclusion⁴.

The Maintenance of Certification process essentially imposes a tax upon the healthcare system. Physicians pay this tax mainly with their time. Their employers (hospitals and medical groups) also pay this tax because they give physicians time off to participate in certification activities (conferences, studying for tests) and have to pay other physicians to cover that time. Furthermore, most employers provide their physicians with a stipend to cover the costs of conferences and other forms of CME. It is estimated that MOC drains the healthcare system of 33 million hours of physician time and \$570 million annually⁵.

Amazingly, *no one* benefits from this tax on physician time. Patient care is NOT improved by MOC activities.

Who benefits from the fees that the Specialty Boards charge for MOC? The Chief Executives of the 24 medical specialty Boards. For instance, the CEO of the American Board of Internal Medicine (the board covering 20% of American doctors) has a compensation package worth more than \$800,000, according to their 501(3)c tax return⁶. Larry Faulkner, the CEO of the American Board of Psychiatry and Neurology (my board), made \$1,372,106, according to the ABPN tax return for 2020⁷. The ABPN already has more than \$183 Million in its coffers and could provide MOC for FREE for decades, but instead charges \$175 every year and

\$1750 to take the ten-year exam⁹. It was reported that recently the American Board of Pediatrics spent \$2.3 million to purchase a picturesque pond of which their office had a view⁸. Collectively, the 24 Boards are holding (for no known purpose) more than *one billion dollars* that they have siphoned out of the American healthcare system since rolling out MOC¹⁰.

A 2016 survey by David A Cook, MD of the Mayo clinic found that 24% of physicians found that MOC activities were relevant to their clinical practice and 15 percent found that the activity had value. 86 percent found that MOC was burdensome¹¹. Most physicians are compliant with MOC requirements because their employer or insurer compels it.

I am amazed at the support for curtailing MOC from medical organizations across the political spectrum. On the left, you will read testimony by Dr. Julie Keller Pease, who is a vocal proponent of "Medicare of all." On the right, you will find attached to this testimony a model bill drafted by the American Legislative Exchange Council (ALEC), with even stronger language than LD 224¹². Similar MOC-curtailing legislation has been passed in 17 states. LD 224 is adapted from the legislation that passed the Oklahoma legislature *unanimously* in 2016.

In summary, LD 244 restores Board Certification to the voluntary status it was intended to have. If passed, it will free Maine physicians to exercise a real choice as to whether to pursue maintenance of certification. More importantly, it will get this monkey off the backs of Maine doctors so they can devote all their energy to their passion - keeping Mainers healthy.

The benefit of passing LD 244 for Maine and Mainers is freeing Maine physicians to focus on patient care. Maine's physician population is aging, and many physicians cite MOC hassles as a reason they are retiring sooner. More importantly, as our population ages and we must compete with other states in the context of a nationwide physician shortage, this bill will help attract and keep physicians.

Footnotes

1. Boarded to Death — Why Maintenance of Certification Is Bad for Doctors and Patients, New England Journal of Medicine, 2015; 372:106-108. <http://www.nejm.org/doi/full/10.1056/NEJMp1407422>
2. Hayes et al, Association Between Physician Time-Unlimited vs Time-Limited Internal Medicine Board Certification and Ambulatory Patient Care Quality JAMA. 2014;312(22):2358-2363. doi:10.1001/jama.2014.13992
3. Association Between Imposition of a Maintenance of Certification Requirement and Ambulatory Care-Sensitive Hospitalizations and Health Care Costs. Bradley et al. JAMA. 2014;312(22):2348-2357. doi:10.1001/jama.2014.12716

4. Rebecca Lipner. Specialty Board Certification in the United States: Issues and Evidence. *Journal of Continuing Education in the health Professions*—33(Supplement 1), 2013.
<http://www.osteopathic.org/inside-aoa/events/Documents/board-certification-summit-article-lipner.pdf>
5. Fisher, MD, Westby G. "Investigating ABMS Maintenance of Certification" Accessed 4.10.17 at https://www.youtube.com/watch?v=11Ps2jYdX_M
6. ABIM 2015 Form 990. <https://www.abim.org/~media/ABIM%20Public/Files/pdf/revenue-expenses/abim-990-form.pdf>
7. ABPN 2020 Form 990. Accessed 2.8.2023 at <http://www.guidestar.org/FinDocuments/2015/410/654/2015-410654864-0cf68c45-9O.pdf>
8. See reference 6
9. See reference 7
10. Tierstein M.D., Paul. "What's Wrong with MOC and Re-Certification?" A debate with ABMS president Dr. Lois Nora. Accessed 4.10.17 <https://www.youtube.com/watch?v=2Nj6KR2aZY>
11. Cook et al, Physician Attitudes about Maintenance of Certification. *Mayo Clin Proc.* n October 2016;91(10):1336-1345 n <http://dx.doi.org/10.1016/j.mayocp.2016.07.004>
12. American Legislative Exchange Council. "Patient Access Expansion Act." Accessed 4.10.17 at <https://www.alec.org/model-policy/patient-access-expansion-act/>