

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 Dr. Alyson Maloy. I am a physician, board-certified as both a neurologist and psychiatrist, in private practice in Portland. I am here to offer testimony in support of LD 224.

Although there are many aspects of maintenance of certification (MOC) that could be brought to this discussion, I want to share with you how MOC has affected me personally as a practicing physician in Maine for the past 11 years.

I first sat for my board certification exams in 2010 for neurology and 2011 for psychiatry. When I first sat for my two written Board examinations and one oral Board exam, I paid approximately \$15,000 for Board preparation courses, Board examination fees, and hotel and airfare costs. I also had to use all of my PTO (vacation and sick time). I even had to fly across the country to the Portland, Oregon, examination site they assigned me to when I was living in New York City. Back then, there was a 10-year renewal cycle (which there is not now), so my recertifications came up in 2020 and 2021.

In an attempt to avoid the expensive and pointless nonsense of preparing for an exam that had nothing to do with my particular area of practice and expertise, I enrolled in the ABPN's program whereby physicians could read 30 or more medical journal articles and pass 30 tests. If that was what was required for 10-year renewal, I could have accepted that. However, after this pilot project became an official offering by the ABPN, we were informed that we would need to repeat this process *every three years* (in addition to doing the other MOC requirements that involve a practice improvement project).

When my psychiatry boards came up for renewal, I again was required to do the 30 articles and exams. This took about 60 hours (i.e. 1.5 weeks of my life). All of this needed to be done at night after my regular work, during which *I was already learning relevant information for my patients*. (Like all practicing physicians, my actual day-to-day work demands that I stay up-to-date on areas of medicine that are relevant to my patients.)

Because physicians do not receive CME credits for these hours, I still had approximately two weeks of other continuing medical education work to do. All in all, thus, I am spending four work this year alone in required educational activities, only 50% of which is the CME I can choose that will benefit my actual patients. For example, for the benefit of my patients I go to an annual traumatic brain injury conference at NYU for two days every year. I also attend the four-day annual conference for the

American Neuropsychiatric Association. I attend the 2x per year Maine Association of Psychiatric Physicians conferences. I also attend the 1.5-day Maine Neurological Society annual meetings, as well as numerous grand rounds lectures every month. I also read my professional journals.

So, why must I also do another two weeks per year of MOC? There is no data whatsoever that these MOC activities are necessary for ongoing competency of physicians, and yet these MOC activities take another several weeks of my year. Getting back to my main point that there are only so many hours in the day, how can physicians participate in volunteer work, public advocacy, political activities, state society meetings, work with our state medical society, when we are literally spending the weeks in which we could have done that on MOC?

I should add that one might be open to the possibility that the American Board of Psychiatry and Neurology (ABPN) and other Boards are providing a service to us and the public if not for the fact that their yearly gross is \$23-25M PER YEAR. Of this revenue, more than \$18M is in “program services.” The ABPN has created requirements with no evidence-base that physicians must pay for (outside of licensure fees, prescribing fees, malpractice fees, and regular CME fees) in order to work.

I wanted to attend the Maine Medical Association annual conference this year in September, but I could not do so because the MOC requirements- in combination with my regular educational activities – simply left no time.

And this is the primary point that I want to make today in my testimony: There’s only so many hours in the day. I am the mother of a young child. I try to limit my work week to 40 hours per week, which is actually quite unusual for a physician. (I can only do this now because I am in private practice and I do not take insurance. When I was an employed physician, not in private practice, I actually was *unable* to limit my work week to 40 hours.) On top of my normal full-time job that keeps me up to date in my field, I have two-weeks’ of full-time CME work that is required to maintain my license in Maine.

I wanted to volunteer for an open spot on the Board of Medicine and I also wanted to get more involved with the Maine Medical Association. However, I figured out what was required for MOC and I need to do one journal article and one test every other Friday for two out of every three years, and on the opposite Fridays when I’m not doing a test, I need to be doing the practice improvement project. Again, this is while I’m also (and more importantly) doing my normal CME activities which take a minimum of two 40-hour weeks per year. I decided that I just don’t have the time to do that on Fridays and also do a Board position or an MMA position and also ever see my young son. It’s just too much.

Physician burn out is a huge problem and physicians, like myself, are not able to continue to have more demanded of us. There are only so many hours in the day.